

# ANNUAL REPORT (AR)



**DOCUMENT # 741275**

1. Entity Name  
**SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.**

Principal Place of Business      Mailing Address  
 329 S BAYSHORE BLVD      329 S BAYSHORE BLVD  
 SAFETY HARBOR FL 34695-4053      SAFETY HARBOR FL 34695-4053

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

FILED  
 04 AUG -2 PM 3:26  
 SECRETARY OF STATE  
  
 02/25/04 90251 050 61.25  
 MOORE CR2E037 (11703)

4. FEI Number      Applied For  
 59-1782315      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HILDEBRAND, MARK  
 1611 HAMPTON COURT  
 SAFETY HARBOR FL 34695

**7. Name and Address of New Registered Agent**

Name: **KIRSCH, FRITZ**  
 Street Address (P.O. Box Number is Not Acceptable):  
**136 4th AVENUE NORTH**  
 City: **SAFETY HARBOR**      FL      Zip Code: **34695**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Fritz Kirsch*      DATE: July 27, 2004  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	CORBIN, TAMMIE	
CITY - ST - ZIP	2402 COUNTRY TRAILS DRIVE SAFETY HARBOR FL 34695	
TITLE NAME	T Treasurer	<input type="checkbox"/> Delete
STREET ADDRESS	RABB, HARRY	
CITY - ST - ZIP	935 MAIN STREET STE D SAFETY HARBOR FL 34695	
TITLE NAME	VP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	STEINGOLD, ANDY	
CITY - ST - ZIP	1113 CHESHIRE COURT SAFETY HARBOR FL 34695	
TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HILDEBRAND, MARK	
CITY - ST - ZIP	1611 HAMPTON CT. SAFETY HARBOR FL 34695	
TITLE NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HUDGENS, CHRIS	
CITY - ST - ZIP	6005 N TAMPA STREET TAMPA FL 33604	
TITLE NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	KIRSCH, FRITZ	
CITY - ST - ZIP	136 FOURTH AVENUE N SAFETY HARBOR FL 34695	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CINDY O'DONNELL	
CITY - ST - ZIP	3101 BISHOP DR., SAFETY HARBOR, FL	
TITLE NAME	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	GEORGE KNICKERBOCKER	
CITY - ST - ZIP	132 7 AVE. S SAFETY HARBOR, FL 34695	
TITLE NAME	Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JEAN RUSSELL	
CITY - ST - ZIP	560 7th STREET SAFETY HARBOR, FL 34695	
TITLE NAME	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JEWEL McKEON	
CITY - ST - ZIP	217 BAILEY STREET SAFETY HARBOR, FL 34695	
TITLE NAME	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	GAIL SMITH	
CITY - ST - ZIP	1323 TENBY WAY SAFETY HARBOR, FL 34683	
TITLE NAME	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FRITZ, KIRSCH	
CITY - ST - ZIP	136 4TH AVE NORTH SAFETY HARBOR, FL 34695	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Shelby J. Papuga*      Date: 7-27-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #