2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# 741275

Entity Name: SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.

Current Principal Place of Business:

329 S BAYSHORE BLVD
SAFETY HARBOR, FL 346954053

New Principal Place of Business:

Current Mailing Address:

329 S BAYSHORE BLVD
SAFETY HARBOR, FL 346954053

New Mailing Address:

FEI Number: 59-1782315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, ROBERT S
70 IRWIN STREET W
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ANDERSON, ROBERT S	
Address:	70 IRWIN STREET W	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	T	( ) Delete
Name:	RABB, HARRY	
Address:	935 MAIN STREET STE D	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	S	( ) Delete
Name:	GERACI, GAIL	
Address:	105 AVON DRIVE	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	TRUS	( ) Delete
Name:	KNICKERBOCKER, GEORGE	
Address:	132 7TH AVE S	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	TRUS	( ) Delete
Name:	PIERCE, OWEN	
Address:	226 SHORT STREET	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	TRUS	( ) Delete
Name:	MCKEON, JEWEL	
Address:	217 BAILEY STREET	
City-St-Zip:	SAFETY HARBOR, FL 34695	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MCKEON, JEWEL	
Address:	217 BAILEY ST.	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRUS	(X) Change ( ) Addition
Name:	GAIL, SMITH	
Address:	1323 TENBY WAY	
City-St-Zip:	PALM HARBOR, FL 34683	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. ANDERSON P 01/31/2006

Electronic Signature of Signing Officer or Director — Date