

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741275

FILED
Apr 24, 2008
Secretary of State

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:

MIKOFF, ALLAN M
1143 THAYER STREET
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: GRIFFITH, LES
Address: 4755 VICKSBURG COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T () Delete
Name: MIKOFF, ALLAN M
Address: 1143 THAYER STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: SOTERIOU, LORRAINE
Address: P.O. BOX 847
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete
Name: ANDERSON, ROBERT S
Address: 70 IRWIN STREET
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: MEYER, MICHAEL
Address: 1068 DELAWARE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALLAN M. MIKOFF

T

04/24/2008

Electronic Signature of Signing Officer or Director

Date