2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003745

FILED Jan 14, 2009 Secretary of State

Entity Name: GASPARILLA ISLAND MARITIME MUSEUM, INC.

Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
PO BOX 100 BOCA GRANDE, FL 33921			190 E 1ST STREET BOCA GRANDE, FL 33921			
Current Mailing Address:			New Mailing Address:			
PO BOX 10 BOCA GRA	00 ANDE, FL 339:	21				
FEI Number:	22-3729281	FEI Number Applied For () FEI N	Number Not App	plicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
150 PALM BOCA GRA	ANDE, FL 339:		e of changing i	g its registered office or registered agent, or both,		
	of Florida.			, 12 123.010.02 01.103 01.103.010.02 030.11, 01.200.1,		
SIGNATUR						
	Electroni	c Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MANA () CHATHAM, BAR 228 PILOT STRI BOCA GRANDE	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () PATERSON, BE E RAILROAD AV BOCA GRANDE	Œ	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () ARNER, DAVID E RAILROAD BOCA GRANDE	Delete FL 33921	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	COLEMAN, HAR 130326 PACIFIC	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S () JOINER, ELIZAE 381 TARPON AV BOCA GRANDE	Æ	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () JOINER, ISRAEI 190 1ST ST EAS BOCA GRANDE	ST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition JOINER, ISABELLE 190 1ST ST EAST BOCA GRANDE, FL 33921		

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: BECKY PATERSON TRES 01/14/2009