2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N42932

1. Entity Name
THE ANNA MARIA ISLAND HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
MUSEUM 402 PINE AVE ANNA MARIA, FL 34216 US	BOX 4315 ANNA MARIA, FL 34216 US

01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKAY, GEORGE F
305 IRIS ST
ANNA MARIA, FL 34216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIPP, PAULA
STREET ADDRESS	506 N BAY BLVD
CITY-ST-ZIP	ANNA MARIA, FL
TITLE	D
NAME	DEAM, JOHN
STREET ADDRESS	536 69TH ST
CITY-ST-ZIP	HOLMES BEACH, FL
TITLE	A
NAME	NORWOOD, CAROLINE
STREET ADDRESS	724 HOLLY RD
CITY-ST-ZIP	ANNA MARIA, FL 34216
TITLE	D
NAME	COPELAND, PAT
STREET ADDRESS	708 N BAY BLVD
CITY-ST-ZIP	ANNA MARIA, F
TITLE	D
NAME	MCKAY, GEORGE
STREET ADDRESS	305 IRIS ST
CITY-ST-ZIP	ANNA MARIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80128-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-29-05 941-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #