2005 NOT-FOR-FRÖFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000003745 GASPARILLA ISLAND MARITIME MUSEUM, INC.



Principal Place of Business

PO BOX 100

BOCA GRANDE, FL 33921

Mailing Address

PO BOX 100

BOCA GRANDE, FL 33921

FILED Feb 02, 2005 8:00 am Secretary of State

02-02-2005 90073 045 ****61.25

20006806



01202005 No Chg-NP

CR2E037 (10/03)

22-3729281 N	lot Applicabl
4. FEI Number A	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ITALIANO, NELSON A II 150 PALM AVENUE

DO	N	OT	WR	ITE
IN	TH	IIS	SPA	CE

BOCA GR	ANDE, FL 33921		IN.	THIS SPACE	•
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
; ; 1	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finar Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P HOUGHTON, NINA RODALE 154 CARMICHAEL FARM ROAD QUEENSTOWN, MD 21658				
NAME STREET ADDRESS CITY-ST-ZIP	T ITALIANO, NELSON ANTHONY II 150 PALM AVENUE BOCA GRANDE, FL 33921				(14)
NAME T STREET ADDRESS CITY-ST-ZIP	D LYONS, GEORGE REESE 331 LEE AYE BOCA BATON, FL 33921		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GERALD M 4090 LOOMIS AVENUE BOCA GRANDE, FL 339210593		in .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated	certify that the information supplied with this fill on this report or supplemental report is true to	ling does not qualify for the exe	mption stated in Section 119.07(3 ture shall have the same legal effe	(i), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or di	ation

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.