

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712413

Entity Name: THE TARPON SPRINGS AREA HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**160 E TARPON AVE
TARPON SPRINGS, FL 34689**Current Mailing Address:**160 E TARPON AVE
TARPON SPRINGS, FL 34689**FEI Number:** 23-7335783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLETCHER, RAMONA
1131 ANCLOTE ROAD
TARPON SPRINGS, FL 34689 US*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:** RAMONA PLETCHER

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SALLEY, CHARLES DUDLEY
Address 114 CHELSEA LANE
City-State-Zip: HOLIDAY FL 34691

Title VP, ARCHIVES
Name KOLIANOS, PHYLLIS
Address 880 SEMINOLE BLVD.
City-State-Zip: TARPON SPRINGS FL 34689

Title VP, EVENTS
Name RICHARDSON, SOPHIA SAKELSON
Address 802 EUNICE DR
City-State-Zip: TARPON SPRINGS FL 34689

Title S
Name DABBS, ANNIE
Address 803 S DISSTON AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title T
Name PLETCHER, RAMONA
Address 1131 ANCLOTE ROAD
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name GALLAGHER, JOHN
Address 2804 OAK CIRCLE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name DABBS, ANNIE D
Address 803 S. DISSTON AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name KEFFALAS, JULIE
Address 205 LEAFWOOD ROAD
City-State-Zip: TARPON SPRINGS FL 34689

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I hereby 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 all other like empowered.

SIGNATURE: RAMONA PLETCHER**TREASURER**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TAYLOR, PATRICIA A
Address 418 ADMIRAL COVE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name GARVEY, DENNIS
Address 655 SPRING LAKE CIRCLE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name ARCHER, BECKY
Address 1012 LAKE AVOCA CT
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name SALLEY, DUDLEY
Address 1114 CHELSEA LN.
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR
Name TARAPANI, JOHN
Address 22 N.. SPRING BLVD
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name HOFFMAN, EDWARD
Address 29 W ORANGE ST
City-State-Zip: TARPON SPRINGS FL 34689