

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007881

FILED
Apr 20, 2016
Secretary of State
CC5309140528

Entity Name: FLAGLER BEACH HISTORICAL MUSEUM, INC.

Current Principal Place of Business:

207 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136

Current Mailing Address:

PO BOX 2136
FLAGLER BEACH, FL 32136

FEI Number: 91-2090531

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PRUDEN, TERI
2234 S. CENTRAL AVENUE
FLAGLER BEACH, FL 32136 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: TERI PRUDEN

04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JONES, LINDA S.
Address P.O. BOX 644
City-State-Zip: FLAGLER BEACH FL 32136

Title VP
Name CREAL, ROBERT R
Address 301 N. 5TH ST.
City-State-Zip: FLAGLER BEACH FL 32136

Title TREASURER
Name FEIND, KATHY
Address 1513 N OCEANSHORE BLVD
City-State-Zip: FLAGLER BEACH FL 32136

Title SECRETARY
Name SIEPIETOSKI, SANDRA
Address 172 LOOKOUT DR
City-State-Zip: FLAGLER BEACH FL 32136

Title D
Name HELM, CHARLES
Address 78 KINGSLEY CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MILLER, CINDY
Address 6 RICHLAND PL
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name PRUDEN, TERI
Address 2234 S. CENTRAL AVENUE
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name DALECKI, CINDY
Address 105 PENNINSULA WINDS DR
City-State-Zip: ORMOND BEACH FL 32176

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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: LINDA S JONES

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ATACK, SHARON
Address 1356 LAMBERT AVE
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name KELLI, O'REILLY
Address 14 WELLFORD LN
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name LEA, STOKES
Address OCEAN MARINA DR
#406
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name BETH, MOUNT
Address 2264 S CENTRAL AVE
City-State-Zip: FLAGLER BEACH FL 32136