

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 12, 2013
Secretary of State
CC7533058135

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:

JONES, LINDA S
63 BRIDGEHAVEN DR
PALM COAST, FL 32137 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: LINDA S JONES

03/12/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILSON, CATHERINE
Address 43 BULOW WOODS CIRCLE
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 2 VP
Name FEIND, KATHY
Address 1513 NORTH HWY. A-1-A
City-State-Zip: FLAGLER BEACH FL 32136

Title S
Name JONES, LINDA
Address 63 BRIDGEHAVEN DR.
City-State-Zip: PALM COAST FL 32137

Title T
Name MACALLISTER, PAT
Address 14 OCEANSIDE DR.
City-State-Zip: PALM COAST FL 32137

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

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

SECRETARY

03/12/2013

Electronic Signature of Signing Officer/Director Detail

Date