

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007881

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: No

Name and Address of Current Registered Agent:

WILCOX, KATHY S
1330 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: KATHY S. WILCOX

01/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2ND VP
Name JONES, LINDA S.
Address P.O. BOX 644
City-State-Zip: FLAGLER BEACH FL 32136

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

Title SECRETARY
Name SMITH, GRETCHEN
Address 13 RYMER LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name DUNCAN, TOM
Address 2201 S. CENTRAL AVE.
City-State-Zip: FLAGLER BEACH FL 32136

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

Title 1ST VP
Name ATACK, SHARON
Address 1356 LAMBERT AVE
City-State-Zip: FLAGLER BEACH FL 32136

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

Title EXECUTIVE DIRECTOR
Name WILCOX, KATHY
Address 1330 S. CENTRAL AVE.
City-State-Zip: FLAGLER BEACH FL 32136-3720

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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: KATHY WILCOX

EXECUTIVE DIRECTOR

01/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEOPARD, JULIE
Address 2644 OCEANSHORE BLVD.
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name FISHER, CAROL
Address 1616 S. OCEANSHORE BLVD.
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name VOGEL, CATHLEEN
Address 5759 JOHN ANDERSON HIGHWAY
City-State-Zip: FLAGLER BEACH FL 32136

Title TREASURER
Name KING, PATTI
Address 1919 S. FLAGLER AVE.
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name SIEPIETOSKI, SANDRA
Address 2001 PALM DRIVE
UNIT H102
City-State-Zip: FLAGLER BEACH FL 32136

Title DIRECTOR
Name SIARKOWICZ, EDWARD
Address 3 BALLENGER LN
City-State-Zip: PALM COAST FL 32137