2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007881

Entity Name: FLAGLER BEACH HISTORICAL MUSEUM, INC.

FILED Apr 06, 2014 Secretary of State CC9335186626

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 04/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title VP

NameWILSON, CATHERINENameCREAL, ROBERT RAddress43 BULOW WOODS CIRCLEAddress301 N. 5TH ST.

City-State-Zip: FLAGLER BEACH FL 32136 City-State-Zip: FLAGLER BEACH FL 32136

Title 2 VP Title S

Name FEIND, KATHY Name JONES, LINDA

Address 1513 NORTH HWY. A-1-A Address 63 BRIDGEHAVEN DR.

City-State-Zip: FLAGLER BEACH FL 32136 City-State-Zip: PALM COAST FL 32137

Title T Title D

NameMACALLISTER, PATNameHELM, CHARLESAddress14 OCEANSIDE DR.Address78 KINGSLEY CIRCLE

City-State-Zip: PALM COAST FL 32137 City-State-Zip: ORMOND BEACH FL 32174

TitleDIRECTORTitleDIRECTORNameMILLER, CINDYNamePRUDEN, TERI

Address 6 RICHLAND PL Address 2234 S. CENTRAL AVENUE
City-State-Zip: PALM COAST FL 32164 City-State-Zip: FLAGLER BEACH FL 32136

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: TERI PRUDEN DIRECTOR 04/06/2014