

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007881

**FILED**  
**Mar 11, 2018**  
**Secretary of State**  
**CC3613658691**

**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:**

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

03/11/2018

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        2001 PALM DR  
                  UNIT H102  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIRECTOR  
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            EXECUTIVE 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

**Continues on page 2**

*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

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title 2ND VICE PRESIDENT  
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 DIRECTOR  
Name POZZUOLI, SHERYL  
Address 313 N. 8TH STREET  
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 SMITH, GRETCHEN  
Address 22 RIPPLEWOOD LANE  
City-State-Zip: PALM COAST FL 32164