

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42932

Entity Name: THE ANNA MARIA ISLAND HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**402 PINE AVE
BOX 4315
ANNA MARIA, FL 34216**Current Mailing Address:**402 PINE AVE
BOX 4315
ANNA MARIA, FL 34216 US**FEI Number:** 65-0248909**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKAY, GEORGE F
305 IRIS ST
BOX 2030
ANNA MARIA, FL 34216 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T	Title	PRESIDENT
Name	MCKAY, GEORGE	Name	COPELAND, PAT
Address	402 PINE AVE BOX 4315	Address	402 PINE AVE BOX 4315
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216
Title	CORRESPONDING SECRETARY	Title	DIRECTOR
Name	HOSKINS, EVELYN	Name	CLARK, ARLENE
Address	402 PINE AVE BOX 4315	Address	402 PINE AVE BOX 4315
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216
Title	DIRECTOR	Title	DIRECTOR
Name	BRENNAN, LYNN	Name	WILSON, VALERIA
Address	402 PINE AVE BOX 4315	Address	402 PINE AVE BOX 4315
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216
Title	VP	Title	SECRETARY
Name	HAGER, LIZ	Name	MURPHY, BARBARA
Address	402 PINE AVE BOX 4315	Address	402 PINE AVE BOX 4315
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216

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: GEORGE MCKAY**TREASURER****01/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HODGE, CARYN
Address	402 PINE AVE BOX 4315
City-State-Zip:	ANNA MARIA FL 34216