

2016 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
Name	MCKAY, GEORGE
Address	PO BOX 2030
City-State-Zip:	ANNA MARIA FL 34216

Title	CORRESPONDING SECRETARY
Name	HOSKINS, EVELYN
Address	PO BOX 1947
City-State-Zip:	ANNA MARIA FL 34216

Title	DIRECTOR
Name	CRANE, DUSTY
Address	PO BOX 476
City-State-Zip:	ANNA MARIA FL 34216

Title	PRESIDENT
Name	BRENNAN, LYNN
Address	PO BOX 727
City-State-Zip:	ANNA MARIA FL 34216

Title	D
Name	COPELAND, PAT
Address	PO BOX 1264
City-State-Zip:	ANNA MARIA FL 34216

Title	DIRECTOR
Name	CLARK, ARLENE
Address	PO BOX 216
City-State-Zip:	ANNA MARIA FL 34216

Title	DIRECTOR
Name	CRANE, JON
Address	PO BOX 476
City-State-Zip:	ANNA MARIA FL 34216

Title	DIRECTOR
Name	WILSON, VALERIA
Address	5405B GULF DRIVE
City-State-Zip:	HOLMES BEACH FL 34217

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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: GEORGE MCKAY**TREASURER****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name DEAL, NANCY
Address 203 56TH ST
City-State-Zip: HOLMES BEACH FL 34217

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