


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 028 ****61.25

DOCUMENT # 712413 1. Entity Name THE TARPON SPRINGS AREA HISTORICAL SOCIETY, INC.					
Principal Place of Business 160 E TARPON AVE TARPON SPRINGS, FL 34689			Mailing Address 160 E TARPON AVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAYNE, JAMES 1031 SOUTH POINT ALEXIS DRIVE TARPON SPRINGS, FL 34689			Name MOUNTAIN, CAROL Street Address (P.O. Box Number is Not Acceptable) 1732 DIXIE HWY. City TARPON SPRINGS FL Zip Code 34689		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Carol Mountain</u> CAROL MOUNTAIN PRESIDENT 4-28-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	P	
NAME	MOUNTAIN, CAROL <input type="checkbox"/> Delete		NAME	1732 DIXIE HWY. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1732 OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEIBLE, ELLEN		NAME		
STREET ADDRESS	979 SPINNAKER CT		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, ELSIE		NAME	PARAPANI, CYNDI	
STREET ADDRESS	1187 E KLOSTERMAN RD		STREET ADDRESS	22 N SPRING BLVD.	
CITY-ST-ZIP	TARPON SPRINGS, FL		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCHIE, ELIZABETH		NAME		
STREET ADDRESS	455 MORGAN ST.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAYNE, JAMES		NAME	GIBSON, VALERIE	
STREET ADDRESS	1031 SOUTH POINT ALENS DR		STREET ADDRESS	101 READ STREET	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPILMAN, RACHEL		NAME		
STREET ADDRESS	1440 MEYER LN.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Carol Mountain CAROL MOUNTAIN 4-28-2006 937-5461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					