

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 035 ****61.25

DOCUMENT # 716144

1. Entity Name
MUSEUM SOCIETY, INC.



Principal Place of Business
22959 BAYSHORE RD
PORT CHARLOTTE, FL 33980

Mailing Address
22959 BAYSHORE RD
PORT CHARLOTTE, FL 33980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7065843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABISZAK, DEBRA
22959 BAYSHORE RD
VENUS, FL 33960

Name
Linda Coleman

Street Address (P.O. Box Number is Not Acceptable)

22959 Bayshore Road

City
Port Charlotte

FL Zip Code
33980

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME DESGUIN, FRANK
STREET ADDRESS 426 TAYLOR RD.
CITY-ST-ZIP PUNTA GORDA, FL

TITLE T ☐ Delete
NAME CERRITELLI, BOB
STREET ADDRESS 812 TAMiami TrL, Suite 3
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE S ☐ Delete
NAME GOLDMAN, ANDREA
STREET ADDRESS 403 HALL CREST TERR
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE VP ☐ Delete
NAME CORLESS, NANCY
STREET ADDRESS 2645 W MARION AVE #613
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE DP ☒ Delete
NAME IMLER, ANN
STREET ADDRESS 25188 MARISON AVE #F-208
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS Barbara Rendell
CITY-ST-ZIP 1366 Aken Street
Port Charlotte, FL 33952

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert F. Cerritelli - Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

941-629-7278

Date

Daytime Phone #