

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90221 016 ****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**

50002861



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 Chg-NP CR2E037 (11/05)

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

**COLEMAN, LINDA
22959 BAYSHORE RD
PORT CHARLOTTE, FL 33980**

Name
Andrea Goldman
Street Address (P.O. Box Number is Not Acceptable)
403 Hallcrest Terrace
Port Charlotte,
City
FL Zip Code
33954

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

Andrea Goldman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

PD
NAME
Andrea Goldman ☒ Change ☐ Addition
STREET ADDRESS
403 Hallcrest Ter.
CITY-ST-ZIP
Port Charlotte, FL 33954

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

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

DP
NAME
RENDELL, BARBARA ☒ Delete
STREET ADDRESS
1366 AKEN STREET
CITY-ST-ZIP
PORT CHARLOTTE, FL 33952

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME
Judy Anderson ☐ Change ☒ Addition
STREET ADDRESS
P.O. Box 51112
CITY-ST-ZIP
Punta Gorda, FL 33951

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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:

Robert Cerritelli

ROBERT CERRITELLI

Jan. 20, 2006 941
629-PAST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #