

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90172 027 ****61.25

DOCUMENT # 741275

1. Entity Name

SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.



Principal Place of Business

**329 S BAYSHORE BLVD
SAFETY HARBOR FL 34695-4053**

Mailing Address

**329 S BAYSHORE BLVD
SAFETY HARBOR FL 34695-4053**

40028424



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1782315

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

**KIRSCH, FRITZ
136 4TH AVENUE NORTH
SAFETY HARBOR FL 34695**

Name

Robert S. Anderson

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

City

70 Irwin Street W

Safety Harbor

FL

Zip Code

34695

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]

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 22, 2005

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CORBIN, TAMMIE
2402 COUNTRY TRAILS DRIVE
SAFETY HARBOR FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Robert S. Anderson
70 Irwin Street W
Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RABB, HARRY
935 MAIN STREET STE D
SAFETY HARBOR FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Gail Smith
1323 Tenby Way
Palm Harbor, FL 34683** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STEINGOLD, ANDY
1113 CHESHIRE COURT
SAFETY HARBOR FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Gail Geraci
105 Avon Drive
Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HILDEBRAND, MARK
1611 HAMPTON CT.
SAFETY HARBOR FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
George Knickerbocker
132 7th Ave., S
Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HUDGENS, CHRIS
6005 N TAMPA STREET
TAMPA FL 33604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Owen Pierce
226 Short Street
Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KIRSCH, FRITZ
136 FOURTH AVENUE N
SAFETY HARBOR FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Trustee
Jewel McKeon
217 Bailey Street
Safety Harbor, FL 34695** ☐ Change ☒ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-05