

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741275

FILED
Apr 07, 2010
Secretary of State

Entity Name: SAFETY HARBOR MUSEUM OF REGIONAL HISTORY, INC.

Current Principal Place of Business:

329 S BAYSHORE BLVD
SAFETY HARBOR, FL 346954053

New Principal Place of Business:

Current Mailing Address:

329 S BAYSHORE BLVD
SAFETY HARBOR, FL 346954053

New Mailing Address:

FEI Number: 59-1782315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOFF, ALLAN M
1143 THAYER STREET
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: WHEELER, ROBERTA G
Address: 510 HAVERHILL LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T
Name: MIKOFF, ALLAN M
Address: 1143 THAYER STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S
Name: JAMES, DWYER P
Address: 2647 PHILIPPE PKWY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP
Name: ANDERSON, ROBERT S
Address: 70 IRWIN STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TRUS
Name: STACY, ROTH
Address: 1790 IRWIN ST
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TRUS
Name: MEYER, MICHAEL
Address: 1068 DELAWARE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

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: ALLAN MIKOFF

T

04/07/2010

Electronic Signature of Signing Officer or Director

Date