

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741275

FILED  
Nov 01, 2012  
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:**

DAVIDSON, BOBBIE J  
464 MAIN 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: BOBBIE DAVIDSON

\_\_\_\_\_  
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: SMITH, JANENE  
Address: 319 PARKSIDE LANE  
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: JADIDIAN, REBECCA  
Address: 634 FAYETTE DRIVE S  
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: ROBERTA G WHEELER

P

11/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date