FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754443** **(0)**

1. Corporation Name

INDIAN ROCKS AREA HISTORICAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 34635	1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified: 10/02/1980
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2052742 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FINKE, AVRIL
1507 BAY PALM
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

81 Name: Avril D. Finke
82 Street Address (P.O. Box Number is Not Acceptable): 360 LA HACIENDA DR
83
84 City: Indian Rocks Beach FL 85 Zip Code: 34635

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Avril D. Finke Trus — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pd ☐ Change ☐ Addition
NAME	O'DONNELL, DOROTHY	1.2 NAME	IRWIN, ZEVA
STREET ADDRESS	3141 HIBISCUS DR., W.	1.3 STREET ADDRESS	P. O. BOX 762 - 2 Fifth Ave. N
CITY-ST-ZIP	BELLEAIR BEACH FL	1.4 CITY-ST-ZIP	INDIAN ROCKS BCH. FL 34635
TITLE	TD	2.1 TITLE	TD X ☐ Change ☐ Addition
NAME	IRWIN, ZEVA M	2.2 NAME	WESTFALL, LYDA
STREET ADDRESS	2 FIFTH AVENUE NORTH	2.3 STREET ADDRESS	13531 - 90th TER N
CITY-ST-ZIP	INDIAN RCKS BCH, FL00000	2.4 CITY-ST-ZIP	SEMINOLE, FL 34646
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	KOSTOFF, HELEN	3.2 NAME	KOSTOFF, HELEN
STREET ADDRESS	14130 ROSEMARY LANE, #5101	3.3 STREET ADDRESS	14130 ROSEMARY LANE #5101
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, Fl 34644
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	FINKE, AVRIL	4.2 NAME	FINKE, AVRIL
STREET ADDRESS	360 LA HACIENDA DR.	4.3 STREET ADDRESS	360 LA HACIENDA DR
CITY-ST-ZIP	INDIAN ROCKS BCH. FL	4.4 CITY-ST-ZIP	INDIAN ROC KS BCH, FL 34635
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	ELM, RICHARD G.	5.2 NAME	ELM, RICHARD G.
STREET ADDRESS	484 HARBOR DR. N.	5.3 STREET ADDRESS	484 HARBOR DR. N
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	5.4 CITY-ST-ZIP	INDIAN ROCKS BCH, FL 34635
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	LEMKE, HELEN	6.2 NAME	LEMKE, HELEN
STREET ADDRESS	12801 - 137TH LANE N.	6.3 STREET ADDRESS	12801 - 137th LANE N
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	LARGO, FL 34644

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Avril D. Finke Trus — 4-11-95 — 1-813-595-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #