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Apr 21 1997 8:00am  
Secretary of State

|                                                          |                                                                                                                                                                     |                                                                              |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |   | FLORIDA DEPARTMENT OF STATE<br><b>S. Mortham</b><br>of State<br>CORPORATIONS |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

DOCUMENT # **754443**

1. Corporation Name

INDIAN ROCKS AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

1507 BAY PALM BLVD  
INDIAN ROCKS BEACH FL 34635

1507 BAY PALM BLVD  
INDIAN ROCKS BEACH FL 33785-2827



|                                |  |                        |  |                                                                                                                                                             |  |                                                        |  |
|--------------------------------|--|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>10/02/1980</b>                                                                                                      |  | 3a. Date of Last Report<br><b>03/25/1996</b>           |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-2052742</b>                                                                                                                          |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                        |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINKE, AVRIL D.  
360 LAHACIENDA DR  
INDIAN ROCKS BEACH FL 34635

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|---------------------------|-------------------------------------------------------|-----------------------------|
| TITLE                      | PD                        | 1.1 TITLE                                             | PD                          |
| NAME                       | IRWIN, ZEVA               | 1.2 NAME                                              | FINKE, AVRIL D.             |
| STREET ADDRESS             | 2 FIFTH AVE NORTH         | 1.3 STREET ADDRESS                                    | 360 La Hacienda Dr.         |
| CITY-ST-ZIP                | INDIAN ROCKS BEACH FL     | 1.4 CITY-ST-ZIP                                       | Indian Rocks Bch., Fl 33785 |
| TITLE                      | VD                        | 2.1 TITLE                                             | VD                          |
| NAME                       | HARWOOD, JACKIE           | 2.2 NAME                                              | HARWOOD, JACKIE             |
| STREET ADDRESS             | PO BOX 186                | 2.3 STREET ADDRESS                                    | P. O. Box 186               |
| CITY-ST-ZIP                | INDIAN ROCKS Bch FL       | 2.4 CITY-ST-ZIP                                       | Indian Rocks Bch., Fl 33785 |
| TITLE                      | SD                        | 3.1 TITLE                                             | SD                          |
| 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 33774             |
| TITLE                      | TD                        | 4.1 TITLE                                             | TD                          |
| NAME                       | FINKE, AVRIL              | 4.2 NAME                                              | HOLLAND, ALICE D.           |
| STREET ADDRESS             | 360 LAHACIENDA DR         | 4.3 STREET ADDRESS                                    | 101 Gulf Blvd.              |
| CITY-ST-ZIP                | INDIAN ROCKS BEACH FL     | 4.4 CITY-ST-ZIP                                       | Belleair, Beach, Fl 33786   |
| TITLE                      | D                         | 5.1 TITLE                                             | D                           |
| 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 33785 |
| TITLE                      | D                         | 6.1 TITLE                                             | D                           |
| 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 33774             |

14. I do 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 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*

AVRIL D. FINKE

4-01-97 813-585-5827

CR2E037 (9/96)