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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754443

1. Corporation Name

**INDIAN ROCKS BEACH HISTORICAL SOCIETY AND MUSEUM
, INC.**

Principal Place of Business

Mailing Address

304 15TH AVE
INDIAN ROCKS BEACH FL 33785
US

1507 BAY PALM BLVD
INDIAN ROCKS BEACH FL 33785
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/02/1980

4. FEI Number

Applied For

Not Applicable

59-2052742

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELM, RICHARD G
484 HARBOR DR N
INDIAN ROCKS BEACH FL 33785

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
NAME ELM, RICHARD G
STREET ADDRESS 47-84 HARBOR DR N
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
ELM, RICHARD G
484 HARBOR DR N
INDIAN ROCKS BEACH FL 33785

TITLE VD
NAME HARWOOD, JACKIE
STREET ADDRESS PO BOX 186
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
HARWOOD, JACKIE
P O BOX 186 (111 Canal Ave.)
INDIAN ROCKS BCH FL 33785

TITLE SD
NAME KOSTOFF, HELEN
STREET ADDRESS 14130 ROSEMARY LANE #5101
CITY-ST-ZIP LARGO FL 33774

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD
KOSTOFF, HELEN
14130 ROSEMARY LANE #5101
LARGO FL 33774

TITLE TD
NAME HOLLAND, ALICE D
STREET ADDRESS 101 GULF BLVD
CITY-ST-ZIP BELLEAIR BEACH FL 33786

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
IRWIN, ZEVA
P O BOX 762 (2 Fifth Ave. North)
INDIAN ROCKS BEACH fl 33785

TITLE D
NAME IRWIN, ZEVA
STREET ADDRESS 2 FIFTH AVE NO
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
O'DONNELL, DOROTHY
3141 HIBISCUS DR W
BELLEAIR BEACH FL 33786

TITLE D
NAME LEMKE, HELEN
STREET ADDRESS 12801 137TH LANE N
CITY-ST-ZIP LARGO FL 33774

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
LEMKE, HELEN
12801 137TH LANE N
LARGO FL 33774

14. 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 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, with all other like empowered.

SIGNATURE:

Richard G. Elm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-1999

(727) 593-3861

Date

Daytime Phone #

CR2E037-(11/98)