2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90025 039 ****61.25

DOCUMENT # 754443

1. Entity 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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
203 4th Ave.	P.O. Box 631
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indian Rocks Beach, Fl	City & State: Indian Rocks Beach, Fl
Zip: 33785 Country:	Zip: 33785 Country:

4. FEI Number: 59-2052742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCKUNZZI, JAN
2707 FIRST ST, #1
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OCKUNZZI, JON 2707 FIRST ST #1 INDIAN ROCKS BEACH FL 33785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition OCKUNZZI, JAN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AYERS, WAYNE 2900 GULF BLVD #304 BELLEAIR BEACH FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOSTOFF, HELEN 14130 ROSEMARY LANE #5101 LARGO FL 33774	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SD SHERA. BIE 486 HARBOR DR. S. INDIAN Rocks BEACH, FL 33785
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUNCIO, PATRICIA 309 BAHIA VISTA DR INDIAN ROCKS BEACH FL 33785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MUNEIO, PATRICIA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALAMARA, KARIN 102-15TH AVE INDIAN ROCKS BEACH FL 33785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTFALL, LYDA 13531 N 90TH TERR SEMINOLE FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan Ockunzzi Jan Ockunzzi 2/26/04 727-595-7006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #