

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 046 ****61.25

DOCUMENT # 754443

1. Entity Name

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



Principal Place of Business

203 4TH AVE
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

PO BOX 631
INDIAN ROCKS BEACH FL 33785
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

Name

PATRICIA MUNESO

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

309 Bahia Vista Dr

Indian Rocks Beach

City

FL

Zip Code

33785

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

Patricia Muneso

PATRICIA MUNESO

1-27-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 OCUNZZI, JAN 2707 FIRST ST #1 INDIAN ROCKS BEACH FL 33785	☒ Delete
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	SD SHERA, BIE 486 HARBOUR DR. S. INDIAN ROCKS BEACH FL 33785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNESO, PATRICIA 309 BAHIA VISTA DR INDIAN ROCKS BEACH FL 33785	☒ Delete
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	D WESTFALL, LYDA 13531 N 90TH TERR SEMINOLE FL 33776	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PATRICIA MUNESO 309 Bahia Vista Dr INDIAN ROCKS BEACH FL 33785	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AYERS, WAYNE 2900 Gulf Blvd #304 Belleair Beach FL 33786	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Patricia Muneso

1-27-05

727-577-5076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #