


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

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
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*31000/666666D&

DO NOT WRITE IN THIS SPACE

07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2052742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MUNEIO, PATRICIA
309 BAHIA VISTA DR
INDIAN ROCKS BEACH, FL 33785**

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

DATE 7-6-07

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	MUNEIO, PATRICIA
NAME	309 BAHIA VISTA DR
STREET ADDRESS	INDIAN ROCKS BEACH, FL 33785
CITY-ST-ZIP	
TITLE V	AYERS, WAYNE
NAME	2900 GULF BLVD #304
STREET ADDRESS	BELLEAIR BEACH, FL 33786
CITY-ST-ZIP	
TITLE SD	SHERA, BIE
NAME	486 HARBOUR DR. S.
STREET ADDRESS	INDIAN ROCKS BEACH, FL 33785
CITY-ST-ZIP	
TITLE T	AYERS, NANCY
NAME	2900 GULF BLVD #304
STREET ADDRESS	BELLEAIR BEACH, FL 33759
CITY-ST-ZIP	
TITLE D	PALAMARA, KARIN
NAME	102-15TH AVE
STREET ADDRESS	INDIAN ROCKS BEACH, FL 33785
CITY-ST-ZIP	
TITLE D	WESTFALL, LYDA
NAME	13531 N 90TH TERR
STREET ADDRESS	SEMINOLE, FL 33776
CITY-ST-ZIP	

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U00000768175
07/11/07-80004-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A Muneio* **PATRICIA A MUNEIO** 7-6-07 727-593-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #