2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 754443

Entity Name: INDIAN ROCKS BEACH HISTORICAL SOCIETY AND MUSEUM, INC.

Current Principal Place of Business:

203 4TH AVE
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 631
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-2052742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUNEIO, PATRICIA
Address: 309 BAHRA VISTA DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V ( ) Delete
Name: AYERS, WAYNE
Address: 2900 GULF BLVD #304
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: SD ( ) Delete
Name: SHERA, BIE
Address: 486 HARBOUR DR. S.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T ( ) Delete
Name: AYERS, NANCY
Address: 2900 GULF BLVD #304
City-St-Zip: BELLEAIR BEACH, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition
Name: MUNEIO, PATRICIA
Address: 309 BAHIA VISTA DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MR (X) Change ( ) Addition
Name: AYERS, WAYNE
Address: 2900 GULF BLVD #304
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MS (X) Change ( ) Addition
Name: BIE, SHERA
Address: 486 HARBOUR DR. S.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MS (X) Change ( ) Addition
Name: AYERS, NANCY M
Address: 2900 GULF BLVD #304
City-St-Zip: BELLEAIR BEACH, FL 33786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M. AYERS MS 04/22/2009

Electronic Signature of Signing Officer or Director — Date