

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754443

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**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:**

AYERS, NANCY  
2900 GULF BLVD.  
304  
BELLEAIR BEACH, FL 33786 US

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:** NANCY M. AYERS

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** AYERS, WAYNE  
**Address:** 2900 GULF BLVD #304  
**City-St-Zip:** BELLEAIR BEACH, FL 33786

**Title:** TR  
**Name:** AYERS, NANCY  
**Address:** 2900 GULF BLVD #304  
**City-St-Zip:** BELLEAIR BEACH, FL 33786

**Title:** SECY  
**Name:** BIE, SHERA  
**Address:** 486 HARBOUR DR. S.  
**City-St-Zip:** INDIAN ROCKS BEACH, FL 33785

I hereby 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 all other like empowered.

**SIGNATURE:** WAYNE AYERS

PRES

03/29/2010

Electronic Signature of Signing Officer or Director

Date