2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90073 045 ****61.25

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1. Entity Name
GASPARILLA ISLAND MARITIME MUSEUM, INC.

20006806

Principal Place of Business	Mailing Address
PO BOX 100 BOCA GRANDE, FL 33921	PO BOX 100 BOCA GRANDE, FL 33921

01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3729281
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ITALIANO, NELSON A II
150 PALM AVENUE
BOCA GRANDE, FL 33921

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOUGHTON, NINA RODALE
STREET ADDRESS	154 CARMICHAEL FARM ROAD
CITY-ST-ZIP	QUEENSTOWN, MD 21658
TITLE	T
NAME	ITALIANO, NELSON ANTHONY II
STREET ADDRESS	150 PALM AVENUE
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	D
NAME	LYONS, GEORGE REESE
STREET ADDRESS	331 LEE AVE
CITY-ST-ZIP	BOCA Grande, FL 33921
TITLE	D
NAME	MILLER, GERALD M
STREET ADDRESS	4090 LOOMIS AVENUE
CITY-ST-ZIP	BOCA GRANDE, FL 339210593
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/27/05 941964-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #