

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 038 ****61.25

DOCUMENT # F00000003745

1. Entity Name
GASPARILLA ISLAND MARITIME MUSEUM, INC.



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

Mailing Address
PO BOX 100
BOCA GRANDE, FL 33921

40013487



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
22-3729281

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 P
NAME HOUGHTON, NINA RODALE ☒ Delete
STREET ADDRESS 154 CARMICHAEL FARM ROAD
CITY-ST-ZIP QUEENSTOWN, MD 21658

TITLE MANAGER ☐ Change ☒ Addition
NAME BARBARA CHATHAM
STREET ADDRESS 228 Pilot Street
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE T
NAME ITALIANO, NELSON ANTHONY II ☒ Delete
STREET ADDRESS 150 PALM AVENUE
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE TREASURER ☐ Change ☒ Addition
NAME BECKY PATTERSON
STREET ADDRESS E. RAILROAD AVE
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE D
NAME LYONS, GEORGE REESE ☒ Delete
STREET ADDRESS 331 LEE AVE
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE President ☐ Change ☒ Addition
NAME DAVID ARNER
STREET ADDRESS E. RAILROAD AVE
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE D
NAME MILLER, GERALD M ☒ Delete
STREET ADDRESS 4090 LOOMIS AVENUE
CITY-ST-ZIP BOCA GRANDE, FL 339210593

TITLE Vice-President ☐ Change ☒ Addition
NAME HARRY COLEMAN
STREET ADDRESS 30326 PACIFIC ROAD
CITY-ST-ZIP ARCH CAPE, OR 97102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME ELIZABETH JOINER
STREET ADDRESS 381 TARPON AVE
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME ISABEL JOINER
STREET ADDRESS 190 1ST ST EAST
CITY-ST-ZIP BOCA GRANDE, FL 33921

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08
Date

941-964-0222
Daytime Phone #