

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 005 ****61.25

DOCUMENT # N00000007671

1. Entity Name
HIS PLACE BY THE SEA, INC.



Principal Place of Business
734 SAND DOLLAR DR.
SANIBEL, FL 33957

Mailing Address
734 SAND DOLLAR DR.
SANIBEL, FL 33957



03262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAYBEE, RICHARD G.
734 SAND DOLLAR DR.
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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

Richard G. Maybee

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

(NOTE: Registered Agent signature required when reinstating)

3/18/05

DATE

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HETMANEK, JAMES
448 GLORY CIRCLE
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MAYBEE, RICHARD G
734 SAND DOLLAR DR.
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MAYBEE, BARBARA A
734 SAND DOLLAR DR.
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REVEREND OFFICER
BARBARA NAVE
9393 PEACEFUL
SANIBEL, FL. 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Nave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/05 239278-304

Daytime Phone #