


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90099 043 ****70.00

DOCUMENT # N0000007881

1. Entity Name
FLAGLER BEACH HISTORICAL MUSEUM, INC.



Principal Place of Business
**105 S 2ND STRRET
 FLAGLER BEACH, FL 32136**

Mailing Address
**PO BOX 2136
 FLAGLER BEACH, FL 32136**

50011566



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number
91-2090531

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WILSON, CATHERINE
 43 BULOW WOODS CIRCLE
 FLAGLER BEACH, FL 32136**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, CATHERINE 43 BULOW WOODS CIRCLE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, CHARLES 300 S CENTRAL AVE STE 102 FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAL, DON 1580 LAMBERT AVE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEEHAN, THOMAS 5306 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYER, DENNIS 306 SOUTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ON List Attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Charles Helm</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>78 Kingsley Circle</i> <i>Ormond Beach, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>on List Attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>THOMAS SHEEHAN</i> <i>60 FAIRBANK LANE</i> <i>Palm Coast, FL 32137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>CHERE REEVES</i> <i>540 LEEWAY TRAIL</i> <i>ORMOND BEACH, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don Deal* **DON DEAL** *1-21-05* *386-439-5367*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N00000007881

2005 OFFICERS:

President

Catherine Wilson
43 Bulow Woods Circle
Flagler Beach, FL 32136

ATTACHMENT

50011566

1st Vice President:

Robert R. Creal
301 N. 5th St.
Flagler Beach, FL 32136

2nd Vice President:

Tom Sheehan
60 Fairbank Lane
Palm Coast, FL 32137

Secretary:

Jane Mealy
315 Lambert Ave
Flagler Beach, FL 32136

Treasurer:

Cheri P. Reeves
540 Leeway Trail
Ormond Beach, FL 32174

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ATTACHMENT

50011564

2005 BOARD OF DIRECTORS:

Three-Year Terms:

Joe Kovalyak
41 Forrest Hill Drive
Palm Coast, FL 32137

Mary Stetler
461 North 10th Street
Flagler Beach, FL 32136

Matthew G. Wilson
1 Waywell Place
Palm Coast, FL 32164

Two-Year Terms:

Phyllis Carmel
100 North 22 Street
Flagler Beach, FL 32136

Don Deal
1580 Lambert Avenue
Flagler Beach, FL 321136

Charles Helm
78 Kingsley Circle
Ormond Beach, FL 32174

Mary Jane Walsh
27 Ryecrest Lane
Palm Coast, FL 32164

One-Year Term:

Rosmarie Price
49 Pebble Beach Circle
Flagler Beach, FL 32136

Shirley Putnam
23 Audubon Lane
Flagler Beach, FL 32136

Mary Ann Ruzecki
1100 S. Central Ave.
Flagler Beach, FL 32136