

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007881

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: FLAGLER BEACH HISTORICAL MUSEUM, INC.

**Current Principal Place of Business:**

105 S 2ND STRRET  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

207 S. CENTRAL AVE.  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

PO BOX 2136  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 91-2090531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CATHERINE  
43 BULOW WOODS CIRCLE  
FLAGLER BEACH, FL 32136      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WILSON, CATHERINE  
Address: 43 BULOW WOODS CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D      ( ) Delete  
Name: HELM, CHARLES  
Address: 78 KINGSLEY CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: DEAL, DON  
Address: 1580 LAMBERT AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D      ( ) Delete  
Name: SHEEHAN, THOMAS  
Address: 60 FAIRBANK LANE  
City-St-Zip: PALM COAST, FL 32137

Title: T      ( ) Delete  
Name: REEVES, CHERI  
Address: 540 LEEWAY TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S      ( ) Delete  
Name: WILSON, MATTHEW  
Address: 1 WAYWELL PLACE  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: DALECKI, CINDY  
Address: 119 S. OCEANAIRE TERRACE  
City-St-Zip: ORMOND BEACH, FL 32176

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON DEAL

D

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date