

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-07-2005 90018 002 ****61.25

DOCUMENT # N01552

1. Entity Name
A.E. "BEAN" BACKUS GALLERY & MUSEUM, INC.



Principal Place of Business
**500 NORTH INDIAN RIVER DR.
FORT PIERCE, FL 34950**

Mailing Address
**500 NORTH INDIAN RIVER DR.
FORT PIERCE, FL 34950 US**

00000007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3075234

Applied For
Not Applicable

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

**BERG, PEGGY
3401 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982**

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, 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 PD ☐ Delete
NAME BERG, PEGGY
STREET ADDRESS 3401 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE TD ☐ Delete
NAME BURGESS, PAULETTE
STREET ADDRESS 4910 RALLS ROAD
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE VPD ☐ Delete
NAME LEONARD, WHALEY
STREET ADDRESS 7003 SHANNON DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE SD ☐ Delete
NAME JANIE, HINKLE
STREET ADDRESS 3113 N. INDIAN RIVER DRIVE
CITY-ST-ZIP ST. LUCIE VILLAGE, FL 34946

TITLE ED ☐ Delete
NAME FREDRICK, KATHLEEN P
STREET ADDRESS 759 RIO VISTA DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Leonard Wheeley
STREET ADDRESS name spelling
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 3, 2005

Date

Daytime Phone #

Kathleen P. Fredrick