

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005087

FILED  
Feb 06, 2007  
Secretary of State

**Entity Name:** THE ORIGINAL TREASURE ISLAND HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

P. O. BOX 9569  
TREASURE ISLAND, FL 33740 US

**New Principal Place of Business:**

**Current Mailing Address:**

6439 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 US

**New Mailing Address:**

**FEI Number:** 20-3332170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 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: WHITE, DONNA  
Address: 8401 W. GULF BLVD.  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: VP ( ) Delete  
Name: MALKIN, CAROL L  
Address: 12546 CAPRI CIRCLE NORTH  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: S ( ) Delete  
Name: SPINNER, VIOLA  
Address: 500 TREASURE ISLAND CAUSEWAY, #101  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: T ( ) Delete  
Name: COWARD, CAROL L  
Address: 64 DOLPHIN DR.  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: D ( ) Delete  
Name: JENSEN, JEFF  
Address: 1405 58TH ST. S.  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: BURKE, JOHN  
Address: 12405 3RD ST. E., #304  
City-St-Zip: TREASURE ISLAND, FL 33706 US

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

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 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: CAROL L. COWARD

T

02/06/2007

Electronic Signature of Signing Officer or Director

Date