

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005087

FILED
Feb 12, 2008
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 (X)**

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: D (X) Change () Addition
Name: NELSON, LOIS E
Address: 11020 1ST ST. EAST
City-St-Zip: TREASURE ISLAND, FL 33706

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: CAROL L. COWARD

D

02/12/2008

Electronic Signature of Signing Officer or Director

Date