2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N05000005087

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	(X) 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:	NELSON, LOIS E	
Address:	11020 1ST ST. EAST	
City-St-Zip:	TREASURE ISLAND, FL 33706	
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 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 TD 01/29/2009

Electronic Signature of Signing Officer or Director — Date