2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005
Secretary of State

DOCUMENT# N36229

Entity Name: THE GULF BREEZE AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 814
GULF BREEZE, FL 325617814

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 814
GULF BREEZE, FL 325617814

New Mailing Address:

FEI Number: 59-2992666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ISHOL, BEVERLY
1086 KELTON BLVD.B
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

SPRAGUE, GORDON MR.
P.O. BOX 814
GULF BREEZE, FL 32562 US

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: GORDON SPRAGUE 08/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ADAMS, JOAN
Address: 317 DOLPHIN ST
City-St-Zip: GULF BREEZE, FL 32563

Title: TD ( ) Delete
Name: DYBA, BORIS
Address: 1163 LAGUNA LN
City-St-Zip: GULF BREEZE, FL 32563

Title: PD ( ) Delete
Name: ISHOL, BEVERLY J
Address: 1086 KELTON BLVD.
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VD (X) Delete
Name: ISHOL, BEVERLY
Address: 1086 KELTON BLVD.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC. (X) Change ( ) Addition
Name: ADAMS, JOAN
Address: 317 DOLPHIN ST
City-St-Zip: GULF BREEZE, FL 32563

Title: TD (X) Change ( ) Addition
Name: ISHOL, BEVERLY J MS.
Address: 1086 KELTON BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition
Name: BRISKA, TRICIA J
Address: 201 SILVERTHORN RD.
City-St-Zip: GULF BREEZE, FL 32561 US

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 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 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: BEVERLY J. ISHOL TREA 08/24/2005
Electronic Signature of Signing Officer or Director Date