

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36229

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

15 LIVE OAK  
GULF BREEZE, FL 32561 US

**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 ( )**

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

ISHOL, BEVERLY J  
1086 KELTON BLVD.  
GULF BREEZE, FL 32563 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: SEC. ( ) Delete  
Name: ADAMS, JOAN  
Address: 317 DOLPHIN ST  
City-St-Zip: GULF BREEZE, FL 32561 US

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

Title: PRES ( ) Delete  
Name: KUEHL, KATHLEEN  
Address: P.O. BOX 37  
City-St-Zip: GULF BREEZE, FL 32562 US

Title: VP ( ) Delete  
Name: SYMANSKI, HELEN  
Address: 2867 BAY MEADOW  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KUEHL, KATHLEEN MRS.  
Address: P O BOX 37  
City-St-Zip: GULF BREEZE, FL 32562 US

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

Title: VP (X) Change ( ) Addition  
Name: BROXTON, RANDALL MR.  
Address: P O BOX 9101  
City-St-Zip: PENSACOLA, FL 32513 US

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: BEVERLY J. ISHOL

TD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date