


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 011 ****61.25

DOCUMENT # N42932

1. Entity Name
 THE ANNA MARIA ISLAND HISTORICAL SOCIETY, INC.



Principal Place of Business
 MUSEUM
 402 PINE AVE
 ANNA MARIA, FL 34216 US

Mailing Address
 BOX 4315
 ANNA MARIA, FL 34216 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCKAY, GEORGE F
 305 IRIS ST
 ANNA MARIA, FL 34216

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	TRIPP, PAULA Ellen Aquilina	
STREET ADDRESS	508 N BAY BLVD 75th St MADRID	
CITY-ST-ZIP	ANNA MARIA, FL Bradenton FL 34205	
TITLE	BM Director	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, ANDREW Lyn Sprinkle	
STREET ADDRESS	604 N SHORE DR 5400 GULL DR #43	
CITY-ST-ZIP	ANNA MARIA, FL 34216 Holmes Beach FL 34217	
TITLE	A	<input type="checkbox"/> Delete
NAME	NORWOOD, CAROLINE	
STREET ADDRESS	724 HOLLY RD	
CITY-ST-ZIP	ANNA MARIA, FL 34216	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	COPELAND, PAT	
STREET ADDRESS	708 N BAY BLVD	
CITY-ST-ZIP	ANNA MARIA, F	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	MCKAY, GEORGE	
STREET ADDRESS	305 IRIS ST	
CITY-ST-ZIP	ANNA MARIA, FL	
TITLE	BETH YARGER	<input type="checkbox"/> Delete
NAME	112 PARK AVE	
STREET ADDRESS	ANNA MARIA	
CITY-ST-ZIP	FL 34216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thea Kelley	
STREET ADDRESS	518 70th ST	
CITY-ST-ZIP	Holmes Beach FL 34216	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Simmons	
STREET ADDRESS	104 70th ST	
CITY-ST-ZIP	Holmes Beach, FL 34216	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane DeLong	
STREET ADDRESS	230 85th St	
CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug DeLong	
STREET ADDRESS	230 85th St	
CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zoe Von Averkamp	
STREET ADDRESS	216 20th St West	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Williams	
STREET ADDRESS	6816A Palm DR	
CITY-ST-ZIP	Holmes Beach, FL 34217	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George F. McKay 1/7/08 941-778-7469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #