

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90025 012 ****61.25

DOCUMENT # N93000004085

1. Entity Name

FRIENDS OF GULF BEACHES HISTORICAL MUSEUM, INC.



Principal Place of Business

**115 TENTH AVE
ST PETE BEACH FL 33706
US**

Mailing Address

**115 TENTH AVE
ST PETE BEACH FL 33706
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3217618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**OTTINGER, DAVID J
911 CHESTNUT ST
CLEARWATER FL 34617**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **FORD, KEN**
CITY-ST-ZIP **104 159TH AVE
REDINGTON FL 33706**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **FERRITER, BARBARA**
CITY-ST-ZIP **301 87TH AVE # 106
SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ZUMPE, JOANNE**
CITY-ST-ZIP **6399 SHORELINE DR. #4104
SAINT PETERSBURG FL 33708**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **LUCAS, SPENCER**
CITY-ST-ZIP **2906 PASS A GRILLE WAY
ST. PETERSBURG BEACH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **SHEWMAKER, JANETH**
CITY-ST-ZIP **150 42ND AVE
ST. PETE BEACH, FL 33706-2502**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Janeth D. Shewmaker JANETH D. SHEWMAKER 01/28/06 (727)363-3078