

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

**DOCUMENT # N93000004085**

1. Entity Name  
**FRIENDS OF GULF BEACHES HISTORICAL MUSEUM, INC.**



01-16-2007 90191 008 \*\*\*\*61.25

Principal Place of Business  
**115 TENTH AVE  
ST PETERSBURG FL 33706 US**

Mailing Address  
**115 TENTH AVE  
ST PETERSBURG FL 33706 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3217618**

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **SHEWMAKER, JANETH**  
CITY-ST-ZIP **100 42ND AVE  
SAINT PETERSBURG, FL 337062502**

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

TITLE ☐ Delete  
NAME **V D**  
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 **GERMAN, KARALEE**  
CITY-ST-ZIP **251 ISLE DRIVE, SOUTH  
ST. PETE BEACH FL 33706**

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 Chapter 119, Florida Statutes. I further certify that the information included 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. Sheumaker* (7) **JANETH D. SHEUMAKER**

01-11-07

(727) 363-3078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #