2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N93000004085

Entity Name: FRIENDS OF GULF BEACHES HISTORICAL MUSEUM, INC.

Current Principal Place of Business:

115 TENTH AVE
ST PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

115 TENTH AVE
ST PETE BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-3217618 **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:

OTTINGER, DAVID J
911 CHESTNUT ST
CLEARWATER, FL 34617 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: DP ( ) Delete
Name: FORD, KEN
Address: 104 159TH AVE
City-St-Zip: REDINGTON, FL 33706

Title: T ( ) Delete
Name: GERMAN, KARALEE
Address: 251 ISLE DR SOUTH
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: S ( ) Delete
Name: ZUMPE, JOANNE
Address: 6399 SHORELINE DR. #4104
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VPD (X) Delete
Name: LUCAS, SPENCER
Address: 2906 PASS A GRILLE WAY
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LUCAS, SPENCER
Address: 2906 PASS-A-GRILLE WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: T (X) Change ( ) Addition
Name: GERMAN, KARALEE
Address: 251 ISLE DR SOUTH
City-St-Zip: ST PETE BEACH, FL 33706

Title: S (X) Change ( ) Addition
Name: ANDERSON, BROOKE
Address: 301 41ST AVE
City-St-Zip: ST PETE BEACH, FL 33706

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: KARALEE T GERMAN T 05/05/2008
Electronic Signature of Signing Officer or Director Date