## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 718852** 

Entity Name: DUNEDIN MUSEUM, INC.

**Current Principal Place of Business:** 

349 MAIN ST

DUNEDIN, FL 34698

**Current Mailing Address:** 

349 MAIN ST

DUNEDIN, FL 34698 US

FEI Number: 23-7207278 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOOI, BLAIR ALLAN 349 MAIN ST DUNEDIN, FL 34698 US

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: BLAIR ALLAN KOOI 03/02/2023

Electronic Signature of Registered Agent

Date

**FILED** Mar 02, 2023

**Secretary of State** 

5184384306CC

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title EXECUTIVE DIRECTOR KOOI, BLAIR ALLAN LUISI, VINCENT G. Name Name

349 MAIN ST Address 349 MAIN ST Address

City-State-Zip: DUNEDIN FL 34698 City-State-Zip: DUNEDIN FL 34698

Title **TREASURER** Title TRUSTEE Name GAGE, DON Name LITTLEJOHN, SUSAN Address 349 MAIN ST Address 349 MAIN ST

**DUNEDIN FL 34698** City-State-Zip: City-State-Zip: DUNEDIN FL 34698

Title TRUSTEE Title TRUSTEE

Name LEFEBVRE, JAY Name COUGHLIN, GARY Address 349 MAIN ST Address 349 MAIN ST

City-State-Zip: DUNEDIN FL 34698 DUNEDIN FL 34698

Title VICE PRESIDENT Title **TRUSTEE** Name MIDDLETON, MARK LAWTON, TIA Name

Address 349 MAIN ST 349 MAIN ST Address

City-State-Zip: DUNEDIN FL 34698 DUNEDIN FL 34698 City-State-Zip:

Continues on page 2

I hereby 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 all other like empowered.

03/02/2023 SIGNATURE: VINCENT LUISI EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleSECRETARYTitleTRUSTEENameBOWMAN, AMANDANameVIENS, LESLIEAddress349 MAIN STAddress349 MAIN ST

City-State-Zip: DUNEDIN FL 34698 City-State-Zip: DUNEDIN FL 34698