2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N07000006546

Entity Name: THE SANIBEL HISTORICAL MUSEUM AND VILLAGE INC.

FILED Mar 28, 2025 **Secretary of State** 8882050781CC

Current Principal Place of Business:

950 DUNLOP RD.

SANBEL, FL 33957-4017

Current Mailing Address:

P.O. BOX 413

SANIBEL, FL 33957 US

FEI Number: 14-2003090 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANIBEL HISTORICAL MUSEUM AND VILLAGE 950 DUNLOP ROAD SANIBEL, FL 33957 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: MARY MILLER 03/28/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name KERSH-MONTE, CELINA Name LAVELLE, JAMES

1060 WHISPERWOOD WAY Address 950 DUNLOP RD. Address

City-State-Zip: SANIBEL FL 33957 SANBEL FL 33957-4017 City-State-Zip:

Title DIRECTOR Title **PRESIDENT**

Name DARBY, VIRGINIA TENNEY, TRACEY Name

Address 1610 MIDDLE GULF DR #C5 Address 780 BIRDIE VIEW POINT

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957

Title DIRECTOR Title **DIRECTOR**

Name MILLER, MARY Name JENSEN, JANE

2737 WEST GULF DR. #136 Address Address 1335 PAR VIEW DRIVE

City-State-Zip: SANIBEL FL 33957 SANIBEL FL 33957 City-State-Zip:

Title VΡ Title DIRECTOR

MIGLIORINI, GAIL Name Name MCGRATH, JOHN Address 1622 SERENITY LANE Address 823 SDW 56TH STREET City-State-Zip: SANIBEL FL 33957

CAPE CORAL FL 33914 City-State-Zip:

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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.

03/28/2025 SIGNATURE: TRACEY TENNEY **BOD PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued:

Title TREASURER Title DIRECTOR

Name GOULD, RON Name LESSACK, ALAN

Address 2499 HARBOUR LANE Address 9304 PARKWOOD CT

City-State-Zip: SANIBEL FL City-State-Zip: FORT MYERS FL

Title DIRECTOR Title SECRETARY

Name PERESS, JULIE Name RAMSER, SUSAN

Address 1071 SAND CASTLE ROAD Address 1214 JUNONIA STR

City-State-Zip: SANIBEL FL 33957 City-State-Zip: SANIBEL FL 33957