

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012003

Entity Name: CITY OF PALM COAST HISTORICAL SOCIETY AND MUSEUM, INC.

FILED
Jan 18, 2020
Secretary of State
0825670294CC

Current Principal Place of Business:

18 FLORIDA PARK DRIVE
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 352613
PALM COAST, FL 32135 US

FEI Number: 30-0963534

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOFFMAN, ILEINE
18 FLORIDA PARK DRIVE
PALM COAST, FL 32137 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: ILEINE HOFFMAN

01/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NETTS, JON
Address 17 FLINTSTONE COURT
City-State-Zip: PALM COAST FL 32137

Title D
Name ELDRIDGE, PATRICIA
Address 86 LAKE FOREST PL
City-State-Zip: PALM COAST FL 32137

Title VP,D
Name KROEGER, PETER G
Address 29 LARGO VISTA PL
City-State-Zip: PALM COAST FL 32134

Title D
Name SEDLAK, JEAN T
Address 14 COLONY CT
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name MANTHEY, STEWART
Address 28 CEDAR POINT DRIVE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name REICHARD-ELLAVSKY, KATHY
Address 88 FRONT STREET
City-State-Zip: PALM COAST FL 32137

Title TREASURER
Name HOFFMAN, ILEINE
Address 136 LONDON DRIVE
City-State-Zip: PALM COAST FL 32137

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.

SIGNATURE: ILEINE HOFFMAN

TREASURER

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date