

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000012003

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC9292861802**

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

**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: No**

**Name and Address of Current Registered Agent:**

MCKAY, MARGARET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,D  
Name VENNE, WILLIAM  
Address 27 BECKER LANE  
City-State-Zip: PALM COAST FL 32137

Title D  
Name JONES, STEVEN E  
Address 11 FRONTIER DR  
City-State-Zip: PALM COAST FL 32137

Title D  
Name PITMAN, JACK R  
Address 13 WENDY LN  
City-State-Zip: PALM COAST FL 32164

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

*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: WILLIAM VENNE**

**PRESIDENT**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date