

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000012003

**FILED**  
**Mar 02, 2026**  
**Secretary of State**  
**4008434713CC**

**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:**

COOPER, RICHARD  
25 LANCASTER LN.  
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:** RICHARD COOPER

03/02/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GABLE, MERY  
Address 29 CASPER DR.  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name LEMIEUX, CAROL  
Address 63 RIVERS EDGE LANE  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name NETTS, PRISCILLA  
Address 31 CAPTAIN'S WALK  
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR  
Name MODEN, PATSY  
Address PO BOX 352613  
City-State-Zip: PALM COAST FL 32135

Title DIRECTOR  
Name JOHNSON, GREG  
Address PO BOX 352613  
City-State-Zip: PALM COAST FL 32135

Title VP  
Name PABST, REASA  
Address P.O. BOX 352613  
City-State-Zip: PALM COAST FL 32135

Title PRESIDENT  
Name JOHNSON, PETER  
Address 24 CLINTON CT N  
City-State-Zip: PALM COAST FL 32137

Title TREASURER  
Name COOPER, RICHARD STEPHEN  
Address 25 LANCASTER LN.  
City-State-Zip: PALM COAST FL 32137

**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.*

**SIGNATURE:** RICHARD STEPHEN COOPER

TREASURER

03/02/2026

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            MIA , PRADA  
Address        12 PHOENIX LN  
City-State-Zip: PALM COAST FL 32137