

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003745

Entity Name: GASPARILLA ISLAND MARITIME MUSEUM, INC.

Current Principal Place of Business:

190 E 1ST STREET
BOCA GRANDE, FL 33921

Current Mailing Address:

PO BOX 100
BOCA GRANDE, FL 33921

FEI Number: 22-3729281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESKE, KACY
15953 AQUA CIRCE
PORT CHARLOTTE, FL 33981 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: KACY CHESKE

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLEMAN, HARRY
Address 130326 PACIFIC ROAD
City-State-Zip: ARCH CAPE OR 97102

Title DIRECTOR
Name WILLIAM, WOODROFFE
Address PO BOX 100
City-State-Zip: BOCA GRANDE FL 33921

Title D
Name ITALIANO, NELSON
Address P.O. BOX 100
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR
Name GODWIN, DANIEL
Address 190 E 1ST STREET
City-State-Zip: BOCA GRANDE FL 33921

Title PRESIDENT, VP
Name JOINER, BETSY
Address PO BOX 100
City-State-Zip: BOCA GRANDE FL 33921

Title TREASURER
Name SCARPA, DEBORAH A
Address P.O. BOX 1608
City-State-Zip: BOCA GRANDE FL 33921

Title DIRECTOR
Name DELAVERGNE, JOHN
Address P.O. BOX 100
City-State-Zip: BOCA GRANDE FL 33921

Title SECRETARY
Name CHESKE, KACY
Address 15953 AQUA CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33981

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: KACY CHESKE

SECRETARY

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date