

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

752920

CAPE CORAL HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/12/80

3a. Date of Last Report
1/20/94

4. FEI Number
59-2298202

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 544 Cultural Park Blvd

2a 544 Cultural Park Blvd

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 Cape Coral, Fl.

2b Cape Coral, Fl.

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

Zip

Country

Zip

Country

24 3390-1212

25 Lee

2b 3390-1212

30 Lee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dorothy Staffe
1503 S.E. 31st Terr.
Cape Coral, Fl. 33904

01 Name
Lois E. Herbert

02 Street Address (P.O. Box Number is Not Acceptable)
252 S.E. 46th St.

04 City
Cape Coral, FL

05 Zip Code
33904-8431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lois E. Herbert

February 13, 1995

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME J. Francis Bell
STREET ADDRESS 226 S.W. 38th Terr.
CITY-ST-ZIP Cape Coral, Fl. 33914

TITLE VICE PRESIDENT
NAME Earl A. Bowers
STREET ADDRESS 5016 Saxony Ct.
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE TREASURER
NAME Dorothy Staffe
STREET ADDRESS 1503 S.E. 31st Terr.
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE DIRECTOR
NAME Lois E. Herbert
STREET ADDRESS 252 S.E. 46th St.
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE DIRECTOR
NAME Raymond Haas
STREET ADDRESS 2440 S.E. 28th St.
CITY-ST-ZIP Cape Coral, Fl. 33904

TITLE DIRECTOR
NAME Virginia Hayes
STREET ADDRESS 2211 Academy Blvd.
CITY-ST-ZIP Cape Coral, Fl. 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 200001423332
1.4 CITY-ST-ZIP -03/07/95--01119--009

2.1 TITLE *****61.25
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME TREASURER
3.3 STREET ADDRESS Lois E. Herbert
3.4 CITY-ST-ZIP 252 S.E. 46th St.
Cape Coral, Fl. 33904-8431

4.1 TITLE Change Addition
4.2 NAME DIRECTOR
4.3 STREET ADDRESS William H. McLaughlin
4.4 CITY-ST-ZIP 628 S.E. 21st Lane
Cape Coral, Fl. 33904

5.1 TITLE
5.2 NAME T.S. 3/6/95
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lois E. Herbert

3/13/1995

549-2574

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

LOIS E. HERBERT

Title

Telephone