

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 752920 (9)**

1. Corporation Name  
**CAPE CORAL HISTORICAL SOCIETY, INC.**



Principal Place of Business: **544 CULTURAL PARK BLVD CAPE CORAL FL 33990-1212**  
Mailing Address: **544 CULTURAL PARK BLVD CAPE CORAL FL 33990-1212**

3. Date Incorporated or Qualified: **06/12/1980**  
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: **59-2298202**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

**HERBERT, LOIS**  
**252 S.E. 46TH ST.**  
**CAPE CORAL, FL 33904**

10. Name and Address of New Registered Agent

81 Name: **Clifford Herdman**  
82 Street Address (P.O. Box Number is Not Acceptable): **412 SW 35th St.**  
83 City: **Cape Coral** FL 85 Zip Code: **33914**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Clifford Herdman* **TREASURER - C.C. HISTORICAL SOCIETY** DATE: **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HASS, RAYMOND</b>	
STREET ADDRESS	<b>2440 S.E. 28TH ST.</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOWERS, EARL A</b>	
STREET ADDRESS	<b>5016 SAXONY COURT</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERBERT, LOIS E</b>	
STREET ADDRESS	<b>252 S.E. 46TH ST.</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCLAUGHLIN, WILLIAM H</b>	
STREET ADDRESS	<b>628 S.E. 21ST LANE</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYES, VIRGINIA</b>	
STREET ADDRESS	<b>2211 ACADEMY BLVD</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, FRANCIS</b>	
STREET ADDRESS	<b>228 SW 38TH TERR</b>	
CITY - ST - ZIP	<b>CAPE CORAL, FL 33914</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>V</b>
23 STREET ADDRESS	<b>Bruce Smith</b>
24 CITY - ST - ZIP	<b>919 SE 26th Ter.</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>T</b>
33 STREET ADDRESS	<b>Clifford Herdman</b>
34 CITY - ST - ZIP	<b>412 SW 35th St.</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	<b>Carolyn Heim</b>
44 CITY - ST - ZIP	<b>2410 Everest Pkwy.</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Francis Bell* DATE: **1-20-96** (941) 943-0198

CR2E037 (12/95)