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**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(9)

UNIL	CORAL HISTORICAL SOCIE	ETY, ING.						
Principal Place	e of Business	Mailing Address			I HORINI HOODE BIIKW HOIDE	IDIID IIDII DAN DIDN DI	ASI BIBII BIBII BII	OTE DEDIT 1801
544 CULTURAL PARK BLVD CAPE CORAL FL 33990-1212		544 CULTURAL PARK BLVD CAPE CORAL FL 33990-1212						
					3. Date incorporated or Qu 06/12/1980	ualified 3a. Da	ate of Last Re 01/31/199	port 6
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
21		26			59-2298202		X 2	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired 🔲	\$8.75 A Fee Rec	
City & State	e	City & State			8 Floation Commiss Fina			·
23		28			6. Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 i Added to	
Zip	Country	Zip	Coun	try	8. This corporation has liat	<del></del>		
24	25	29	30	•	Florida Statutes		I No	199.002,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of	New Registered	Agent	
			8	1 Name				
CLIFFORD HERDMAN			82 Street Ad		Address (P.O. Box Number is Not A	(cceptable)		
412 SW 35TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
CAPE C	ORAL FL 33914		8	3				
			8	4 City			85 Zip C	code
						FL	.	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	e of Florida. Such change was	tes, the abo authorized	ve-named	corporation submits this statement	for the purpose or	f changing its	registered
agent I a	ogista so ago a o a asia, a tra o atata							
_	im tamular with, and accept the onlig	ations of, Section 617.0503, F	lorida Statu	les.	portion o board or an ectoror, i florer	<i>i</i>	1 .	egistered
SIGNATURE .	Clifford C. A.	untions of, Section 617,0503, Fi Craman T	lorida Statu Sectu	es.		1/17	197	edistatad
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Slight C. Herdman (CLIFFORD C. HERDMAN) 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 27 1997 8:00am

Secretary of State