

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752920 (9)

1. Corporation Name
CAPE CORAL HISTORICAL SOCIETY, INC.



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

3. Date Incorporated or Qualified 06/12/1980
3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2298202	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent CLIFFORD HERDMAN 412 SW 35TH STREET CAPE CORAL FL 33914	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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 C. Herdman, Treasurer* DATE 1/17/97
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, RAYMOND	1.2 NAME	
STREET ADDRESS	2440 S.E. 28TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRUCE	2.2 NAME	SMITH, BRUCE
STREET ADDRESS	919 SE 26TH TERRANCE	2.3 STREET ADDRESS	919 S.E. 26TH TERRANCE
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDMAN, CLIFFORD	3.2 NAME	
STREET ADDRESS	412 SW 35TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIM, CAROL	4.2 NAME	HEIM CAROLYN
STREET ADDRESS	2410 EVEREST PKWY.	4.3 STREET ADDRESS	UNIT 5-5103 SUNNYBROOK COURT
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, VIRGINIA	5.2 NAME	
STREET ADDRESS	2211 ACADEMY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, FRANCIS	6.2 NAME	ARTHUR P. GRAVENGARD
STREET ADDRESS	226 SW 38TH TERR	6.3 STREET ADDRESS	1333 SANTA BARBARA BLVD. # 229
CITY-ST-ZIP	CAPE CORAL, FL 33914	6.4 CITY-ST-ZIP	CAPE CORAL, FL 33991

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.

SIGNATURE: *Clifford C. Herdman* (CLIFFORD C. HERDMAN) DATE 1/17/97 (94) 640-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0058314

CR2E037 (9/96)