


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752920 (9)
 1. Corporation Name
CAPE CORAL HISTORICAL SOCIETY, INC.

Principal Place of Business 544 CULTURAL PARK BLVD CAPE CORAL FL 33980-1212	Mailing Address 544 CULTURAL PARK BLVD CAPE CORAL FL 33980-1212
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3. Date Incorporated or Qualified
06/12/1980

4. FEI Number
59-2298202

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 **3/21/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, RAYMOND	1.2 NAME	HASS, RAYMOND
STREET ADDRESS	2440 S.E. 28TH ST.	1.3 STREET ADDRESS	2440 S.E. 28TH ST.
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRUCE	2.2 NAME	
STREET ADDRESS	919 SE 28TH TERRANCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIM, CAROL	4.2 NAME	
STREET ADDRESS	UNIT 5-5103 SUNNYBROOK CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
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	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVENGARD, ARTHUR P	6.2 NAME	D ANTHONY BUSCEMI
STREET ADDRESS	1333 SANTA BARBARA BLVD #229	6.3 STREET ADDRESS	2029 N.E. 13TH AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33914	6.4 CITY-ST-ZIP	CAPE CORAL FL 33909

14. I 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 3/21/98 (94)540-7552**

CP2E037 (10/97)