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Jan 22, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752920

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2298202
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 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* DATE 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	HAAS, RAYMOND	
STREET ADDRESS	2440 S.E. 28TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, BRUCE	
STREET ADDRESS	919 SE 26TH TERRANCE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERDMAN, CLIFFORD	
STREET ADDRESS	412 SW 35TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIM, CAROL	
STREET ADDRESS	UNIT 5-5103 SUNNYBROOK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, VIRGINIA	
STREET ADDRESS	2211 ACADEMY BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSCEMI, ANTHONY	
STREET ADDRESS	2029 N.E. 13TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914 33909	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Clifford C. Herdman* (CLIFFORD C. HERDMAN) 1/7/99 (41) 540-7552
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)