


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90088 033 ****61.25

DOCUMENT # 752920			
1. Entity Name CAPE CORAL HISTORICAL SOCIETY, INC.			
Principal Place of Business 544 CULTURAL PARK BLVD CAPE CORAL FL 33990		Mailing Address P O BOX 150637 CAPE CORAL FL 33990	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2298202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CLIFFORD HERDMAN 412 SW 35TH STREET CAPE CORAL FL 33914		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, REV DR JOHN, Past President <input type="checkbox"/> Delete 1203 EVEREST PKWY CAPE CORAL FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Warren Bush, V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 242 SW 42nd St Cape Coral, Fl 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANBORN, PAUL, President <input type="checkbox"/> Delete 5346 COLONADE COURT CAPE CORAL FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carolyn Zenoniani, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5032 SW 5th Place Cape Coral, Fl 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERDMAN, CLIFFORD <input type="checkbox"/> Delete 412 SW 35TH STREET CAPE CORAL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul Sanborn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5346 Colonade Court Cape Coral, Fl 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK, CULL <input type="checkbox"/> Delete 3823SE 2ND AVE CAPE CORAL FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neva King Recording Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition 5709 Fox Lake Dr #2 N. Ft Myers, Fl 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, VIRGINIA <input type="checkbox"/> Delete 2211 ACADEMY BLVD CAPE CORAL FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doris Herdman Corresponding Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 SW 35th Street Cape Coral, Fl 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIECO, FRANK <input type="checkbox"/> Delete 1307 SW 43RD LANE CAPE CORAL FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Barbara Peet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5413 Skyline Blvd. Cape Coral, Fl 33914

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford C. Herdman (CLIFFORD C. HERDMAN) /29/04 (239) 540-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #