


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 010 ****70.00

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

40024767



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072007 Chg-NP CR2E037 (12/06)

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

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANBORN, PAUL 5346 COLONADE CT CAPE CORAL, FL 33904		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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	PP	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNT, REV DR JOHN			NAME	Carolyn Zenoniani		
STREET ADDRESS	1203 EVEREST PKWY			STREET ADDRESS	5032 SW 5th Place, Cape Coral, FL 33914		
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANBORN, PAUL			NAME	Clifford Herdman		
STREET ADDRESS	5346 COLONADE COURT			STREET ADDRESS	412 SW 25th Street		
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE	RS	<input type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KING, NEVA			NAME	Chris B. Schroder		
STREET ADDRESS	5709 FOX LAKE DR #2			STREET ADDRESS	2610 SW 46th Terrace		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903			CITY-ST-ZIP	Cape Coral, FL 33914		
TITLE	CS	<input type="checkbox"/> Delete		TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERDMAN, DORIS			NAME	Frederick J. Cull		
STREET ADDRESS	412 SW 25TH STREET			STREET ADDRESS	3823 SE 2nd Ave. Cape Coral, FL		
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP	33904		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBARA, Peet			NAME	Warren Bush		
STREET ADDRESS	5413 SKYLINE BLVD			STREET ADDRESS	242 SW 42nd Street, Cape Coral, FL		
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP	33914		
TITLE		<input type="checkbox"/> Delete		TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Cye Budde		
STREET ADDRESS				STREET ADDRESS	6719 Winkler Road Suite 112		
CITY-ST-ZIP				CITY-ST-ZIP	Fort Myers, FL 33919		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chris B. Schud 2/9/07 239 549-6939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #