


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90035 002 \*\*\*\*70.00

<b>DOCUMENT # 752920</b> 1. Entity Name <b>CAPE CORAL HISTORICAL SOCIETY, INC.</b>					
Principal Place of Business <b>544 CULTURAL PARK BLVD          CAPE CORAL, FL 33990</b>			Mailing Address <b>P O BOX 150637          CAPE CORAL, FL 33990</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2298202</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>SANBORN, PAUL          5346 COLONADE CT          CAPE CORAL, FL 33904</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			<b>FL</b>		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 <i>Paul W. Sanborn</i> - <b>PAUL W. SANBORN</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>January 23, 2008</i>	
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PP</b>	<input type="checkbox"/> Delete		TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>HUNT, REV DR JOHN</b>	STREET ADDRESS <b>1203 EVEREST PKWY</b>		NAME <b>Chris B. Schroeder</b>	STREET ADDRESS <b>2610 SW 46 TER</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>			CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>		
TITLE <b>P</b>	<input type="checkbox"/> Delete		TITLE <i>Board Mem</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>SANBORN, PAUL</b>	STREET ADDRESS <b>5346 COLONADE COURT</b>		NAME <b>Wayne Kirkwood</b>	STREET ADDRESS <b>1503 SW 58 Lane</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>			CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>		
TITLE <b>RS</b>	<input type="checkbox"/> Delete		TITLE <i>Board Mem</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>KING, NEVA</b>	STREET ADDRESS <b>5709 FOX LAKE DR #2</b>		NAME <b>Cliff Herdman</b>	STREET ADDRESS <b>412 SW 25 STR</b>	
CITY-ST-ZIP <b>NORTH FORT MYERS, FL 33903</b>			CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>		
TITLE <b>CS</b>	<input type="checkbox"/> Delete		TITLE <i>Board Mem</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>HERDMAN, DORIS</b>	STREET ADDRESS <b>412 SW 25TH STREET</b>		NAME <b>Fred Cull</b>	STREET ADDRESS <b>3823 SE 2nd Ave</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>			CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>		
TITLE <b>D</b>	<input type="checkbox"/> Delete		TITLE <i>Board Mem</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>BARBARA, PETE</b>	STREET ADDRESS <b>5413 SKYLINE BLVD</b>		NAME <b>Cye Bodde</b>	STREET ADDRESS <b>6719 Winkler Rd #112</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>			CITY-ST-ZIP <b>Fort Myers, FL 33919</b>		
TITLE <b>VP</b>	<input type="checkbox"/> Delete		TITLE <i>Board Mem</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>ZENONIANI, CAROLYN</b>	STREET ADDRESS <b>5023 SW 5TH PLACE</b>		NAME <b>Warren Bush</b>	STREET ADDRESS <b>242 SW 42 STR</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>			CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b>		
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: <i>Chris B. Schroeder</i>		<b>Chris B. Schroeder</b>		Treasurer 1/23/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40013949

