

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752920

FILED
May 01, 2009
Secretary of State

Entity Name: CAPE CORAL HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

544 CULTURAL PARK BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

P O BOX 150637
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 59-2298202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANBORN, PAUL
5346 COLONADE CT
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: HUNT, REV DR JOHN
Address: 1203 EVEREST PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: P () Delete
Name: SANBORN, PAUL
Address: 5346 COLONADE COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: RS () Delete
Name: KING, NEVA
Address: 5709 FOX LAKE DR #2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: CS () Delete
Name: HERDMAN, DORIS
Address: 412 SW 25TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: BARBARA, PETE
Address: 5413 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: ZENONIANI, CAROLYN
Address: 5023 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: SCHRODER, CHRIS B
Address: 2610 SW 46 TER
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KING, NEVA
Address: 5709 FOX LAKE DR #2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: RS (X) Change () Addition
Name: HERDMAN, DORIS
Address: 412 SW 25TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS B. SCHRODER

TR

05/01/2009

Electronic Signature of Signing Officer or Director

Date