

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752920

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** CAPE CORAL HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

544 CULTURAL PARK BLVD  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 150637  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 59-2298202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: TR  
Name: STEIN, MERNA L  
Address: 624 SE 23RD TER  
City-St-Zip: CAPE CORAL, FL 33990

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

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

Title: RS  
Name: SHIELDS, JEAN  
Address: 1327 S.W. 27TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D  
Name: BARBARA, PEET  
Address: 2490 VALPARAISO BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP  
Name: GRIECO, FRANK  
Address: 1307 SW 43RD LANE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: MERNA L. STEIN

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01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date