


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

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90083 016 \*\*\*\*61.25

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<b>DOCUMENT # N06223</b>					
1. Entity Name BONITA SPRINGS HISTORICAL SOCIETY, INC.					
Principal Place of Business 27142 RIVERSIDE DR BONITA SPRINGS, FL 34134 US			Mailing Address P O BOX 3015 BONITA SPRINGS, FL 34133 US		
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
4. FEI Number 59-2482932				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			7. Name and Address of New Registered Agent		
POOL, XANDRA 24632 IVORY CANE DR. #201 BONITA SPRINGS, FL 34134			Name <b>BETSY M. WATERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>9820 CITADEL LN #206</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>		
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>Betsy M. Waters</i>		TREASURER		26 JANUARY 2007	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOL, XANDRA 24632 IVORY CARE DRIVE#201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAZIER, ALAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25460 STILLWELL PKWY BONITA SPRINGS FL 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERS, BETSY M 9820 CITADEL LN #206 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERNA-PERRY, SHEILA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2565 ASPEN CREEK LN #1001 NAPLES FL 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LILES, BYRON 13101 SNELL RD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DAVEY</del> GLEASON, MARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26024 CLARKSON DR BONITA SPRINGS FL 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUKEY, MARY A 28363 SOMBRERO DR BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLWAGGON, WESLEY E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24777 GOLDCREST DR BONITA SPRINGS FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY, MARIAN 24731 BAY BEAN CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLESS, SHEILA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23448 OLDE MEADOWBROOK CIRCLE BONITA SPRINGS FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRADER, CHARLES E 27655 KENT RD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Betsy M. Waters</i>		BETSY M WATERS		1/26/2007 239-498-1951	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	