

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90116 026 \*\*\*\*61.25

0090408

**DOCUMENT # N06223**

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

**11011025**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2482932**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, MAGDALENA**  
**25761 CREEKBEND DR**  
**BONITA SPRINGS FL 34135**

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

*Magdalena M. Becker, President*

*4/21/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, MAGDALENE	
STREET ADDRESS	25761 CREEKBEND DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, RUTH	
STREET ADDRESS	76TH ST., #9-202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	FAIR, ANNE	
STREET ADDRESS	24733 HOLLYBRIER LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STURGIS, ELIZABETH	
STREET ADDRESS	56 1ST STREET	
CITY-ST-ZIP	BONITA SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRINDLE, BERYL	
STREET ADDRESS	4060 TARPON AVE	
CITY-ST-ZIP	BONITA SPGS. FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLLAM, DORIS	
STREET ADDRESS	10440 WOOD IBIS AVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, ELIZABETH	
STREET ADDRESS	2479 HOLLYBRIER LN.	
CITY-ST-ZIP	BONITA SPGS, FL, 34134	
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD TREW	
STREET ADDRESS	26921 PALM ST.	
CITY-ST-ZIP	Bonita Springs, FL. 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *ELIZABETH T. BRADLEY*  
*ELIZABETH T. BRADLEY*

*4/21/03 (239) 992-6997*

CR2E037 (10/02)