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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002320 (8)**

1. Corporation Name

THE BOCA GRANDE HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1678 JOSE GASPAR DRIVE BOCA GRANDE FL 33921	P.O. BOX 775 BOCA GRANDE FL 33921

3. Date Incorporated or Qualified: 05/12/1995

4. FEI Number: 65-0585091 — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business (21): 131 Banyan St.	2a. Mailing Address (26):
Suite, Apt. #, etc. (22): P. O. Box 553	Suite, Apt. #, etc. (27):
City & State (23): Boca Grande Fl	City & State (28):
Zip (24): 33921 — Country (25): USA	Zip (29): — Country (30):

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUTLER, GAREY F ESQ. HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET FORT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VANITALLIE, THEODORE B M.D.		1.2 NAME		
STREET ADDRESS	1678 JOSE GASPAR DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921-0775		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AGLES, PATRICIA		2.2 NAME		
STREET ADDRESS	371 GILCHRIST AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSBY, JANICE		3.2 NAME		
STREET ADDRESS	10 BUNKER COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLACIDA FL 33947		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, HOLBROOK R		4.2 NAME		
STREET ADDRESS	711PALM AVENUE ~~POBOX 1508~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921 NA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COST, MRS. THOMAS C		5.2 NAME		
STREET ADDRESS	WEST 10TH STREET,AT GASPARILLA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, DORIS		6.2 NAME		
STREET ADDRESS	11 RAILROAD AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE FL 33921		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Holbrook R. DAVIS Holbrook R. DAVIS April 15 1998 941 964 0247