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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

404812 - 90209 - 23

DOCUMENT # N95000002320

1. Corporation Name
THE BOCA GRANDE HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
131 BANYAN ST P.O. BOX 553 BOCA GRANDE FL 33921 US	~~P.O. BOX 775~~ ~~BOCA GRANDE FL 33921~~

2. Principal Place of Business 21 above	2a. Mailing Address 26 P. O. Box 553	3. Date Incorporated or Qualifed 05/12/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0585091 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Boca Grande Fl.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33921 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~BUTLER, GARFY F ESQ.~~
~~HUMPHREY & KNOTT, P.A.~~
~~1625 HENDRY STREET~~
~~FORT MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name: Judy D. Morrison CPA
82 Street Address (P.O. Box Number is Not Acceptable): 421 Palm Ave
83: P. O. Box 523
84 City: Boca Grande FL 85 Zip Code: 33921

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 Judith D. Morrison Judith D. Morrison, CPA 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C VANITALLIE, THEODORE B M.D. 1678 JOSE GASPAR DRIVE BOCA GRANDE FL 33921-0775	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman Holbrook R. Davis 711 Palm Ave. Boca Grande Fl 33921	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGLES, PATRICIA 371 GILCHRIST AVENUE BOCA GRANDE FL 33921	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Mary Ames 276 Waterways Ave. Boca Grande Fl. 33921	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSBY, JANICE 10 BUNKER COURT PLACIDA FL 33947	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Nora Lea Reefe 132 Carrick Bend Lane Boca Grande Fl 33921	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, HOLBROOK R 711 PALM AVE BOCA GRANDE FL 33921	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Mitchell Brock 323 Pilot Point Lane Boca Grande Fl 33921	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COST, MRS. THOMAS C WEST 10TH STREET,AT GASPARILLA ROAD BOCA GRANDE FL 33921	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Diector Theodore Van Itallie MD 1678 Jose Gaspar Dr. Boca Grande Fl 33921	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, DORIS 11 RAILROAD AVENUE BOCA GRANDE FL 33921	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

941 964

SIGNATURE: SIGNATURE REQUIRED Holbrook R. Davis 4/20/99 0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)