

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90040 031 ****61.25

DOCUMENT # N95000002320

1. Entity Name

THE BOCA GRANDE HISTORICAL SOCIETY, INC.



Principal Place of Business

131 BANYAN ST
P.O. BOX 553
BOCA GRANDE FL 33921
US

Mailing Address

P. O. BOX 553
BOCA GRANDE FL 33921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0585091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JUDY D CPA
421 PALM AVE
PO BOX 523
BOCA GRANDE FL 33921

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2004

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

TITLE NAME ☐ Delete
DAVIS, HOLBROOK R
STREET ADDRESS 711 PALM AVE
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE NAME ☒ Delete
NESSER, PATRICIA
STREET ADDRESS 410 EAST RAILROAD @ 4TH ST
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE NAME ☒ Delete
REEFE, NORA LEA
STREET ADDRESS 132 CARRICK BEND LANE
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE NAME ☐ Delete
BROCK, MITCHELL
STREET ADDRESS 323 PILOT POINT LANE
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE NAME ☐ Delete
ITALIE, SALLIE V
STREET ADDRESS 1678 JOSE GASPAR DR
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE NAME ☐ Delete
BISHOP, DORIS
STREET ADDRESS 11 RAILROAD AVENUE
CITY-ST-ZIP BOCA GRANDE FL 33921

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
T/O
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
Administrator (M)
NAME Kim Kyle
STREET ADDRESS 7446 Spinnaker Blvd
CITY-ST-ZIP Englewood, FL 34224

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ 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: *X / [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26 04

Date

941-964-1600

Daytime Phone #