

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

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



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE AM
NAME KYLE, KIM
STREET ADDRESS 7446 SPINNAKER BLVD
CITY-ST-ZIP ENGLEWOOD, FL 34224

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

TITLE PD
NAME VANITALLIE, SALLIE
STREET ADDRESS 1678 JOSE GASPAR DR
CITY-ST-ZIP BOCA GRANDE, FL 33921

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000194619
01/25/05-80108-004 61.25

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IN THIS SPACE**

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: *Handwritten Signature* (Holbrook R. Davis) 1/21/05 941-964-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #