2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N95000002320

Entity Name: THE BOCA GRANDE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

170 PARK AVE
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 553
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0585091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JUDY D CPA
#7 PEEKINS COVE
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: LUTTON, JAMES
Address: 106 CARRICK BEND LANE
City-St-Zip: BOCA GRANDE, FL 33921

Title: AM ( ) Delete
Name: KYLE, KIM
Address: 9650 FIDDLERS GREEN CIR. U-114
City-St-Zip: ROTONDA WEST, FL 33947

Title: S ( ) Delete
Name: LOWE, PATRICIA
Address: 1711 PELICAN COVE RD., #GL444
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete
Name: JOHNSON, ROBERT W
Address: 833 BELCHER ROAD
City-St-Zip: BOCA GRANDE, FL 33921

Title: VD ( ) Delete
Name: VANITALLIE, THEODORE B
Address: 1678 JOSE GASPAR DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM KYLE AM 01/20/2009

Electronic Signature of Signing Officer or Director Date