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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005875 (7)
1. Corporation Name
MARCO ISLAND HISTORICAL SOCIETY, INC.



Principal Place of Business 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937	Mailing Address 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145-2547
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3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report
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2. Principal Place of Business 21 M.I. Area Brd.of Realt Suite, Apt. #, etc. 22 140 Waterway Drive City & State 23 Marco Island, FL Zip 24 34145	2a. Mailing Address 25 Box 2282 Suite, Apt. #, etc. 27 City & State 28 Marco Island, FL Zip 29 34146
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4. FEI Number 59 3425001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
81 Name David E. Bruner
82 Street Address (P.O. Box Number is Not Acceptable) 1645 Ludlow Road
83
84 City Marco Island, FL 85 34145

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 *David E. Bruner* **David E. Bruner** **8 APR 97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERDICHIZZI, BETSY <input checked="" type="checkbox"/> DELETE 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICOLAY, MARION <input checked="" type="checkbox"/> DELETE 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSTERBACK, GRETA <input checked="" type="checkbox"/> DELETE 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TYSON, WILLIAM <input checked="" type="checkbox"/> DELETE 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYON, DOLORES <input checked="" type="checkbox"/> DELETE 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Judith Martin <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 641 Dorando Court Marco Island, FL 34145
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Jackie G. Preston <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 58 N. Collier Blvd., 2002 Marco Island, FL 34145
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Rosemary Carpenter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 871 Collier Court, 2-A Marco Island, FL 34146
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD William J. Tyson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 732 Hernando Drive Marco Island, FL 34145
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Marion Nicolay <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 387 Nassau Court Marco Island, FL 34145
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *William J. Tyson* **William J. Tyson** **8 APR 97 041 304 0800**

CF2E037 (9/96)