

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 01 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>M.I. AREA BRD. OF REALTY 140 WATERWAY DRIVE MARCO ISLAND FL 34145 US</b>	Mailing Address <b>BOX 2282 MARCO ISLAND FL 34148 US</b>
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3. Date Incorporated or Qualified <b>11/14/1996</b>	
4. FEI Number <b>59-3425001</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**BRUNER, DAVID E  
1645 LUDLOW ROAD  
MARCO ISLAND FL 34145**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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 D.E. Bruner **D.E. BRUNER** **APRIL 24, 1998**  
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 <b>PD</b>	NAME <b>MARTIN, JUDITH</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>641 DORANDO COURT</b>	CITY-ST-ZIP <b>MARCO ISLAND FL</b>	
TITLE <b>VD</b>	NAME <b>PRESTON, JACKIE G</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>58 N. COLLIER BLVD., #2002</b>	CITY-ST-ZIP <b>MARCO ISLAND FL</b>	
TITLE <b>SD</b>	NAME <b>CARPENTER, ROSEMARY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>871 COLLIER COURT., 2-A</b>	CITY-ST-ZIP <b>MARCO ISLAND FL</b>	
TITLE <b>TD</b>	NAME <b>TYSON, WILLIAM J</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>732 HERNANDO DRIVE</b>	CITY-ST-ZIP <b>MARCO ISLAND FL</b>	
TITLE <b>SD</b>	NAME <b>NICOLAY, MARION</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>387 NASSAU COURT</b>	CITY-ST-ZIP <b>MARCO ISLAND FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD Mopherson, Carolyn</b>
3.3 STREET ADDRESS	<b>1441 Coxambas Ct.</b>
3.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: William S. Tyson, Treasurer **24 APR 98** **941 394 0800**

CFR2E037 (10/97)