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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90102 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005875**

1. Corporation Name  
**MARCO ISLAND HISTORICAL SOCIETY, INC.**

Principal Place of Business M.I. AREA BRD. OF REALTY 140 WATERWAY DRIVE MARCO ISLAND FL 34145 US	Mailing Address BOX 2282 MARCO ISLAND FL 34146 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3425001
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 DAVID E. BRUNER ESQ W. Bruner 1 1 99  
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	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, JUDITH	
STREET ADDRESS	641 DORANDO COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRESTON, JACKIE G	
STREET ADDRESS	58 N. COLLIER BLVD., #2002	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOPERSON, CAROLYN	
STREET ADDRESS	1441 COXAMBAS CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TYSON, WILLIAM J	
STREET ADDRESS	732 HERNANDO DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NICOLAY, MARION	
STREET ADDRESS	387 NASSAU COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McPherson, Carolyn
3.3 STREET ADDRESS	1441 Coxambas Ct.
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: William J. Tyson SIGNATURE REQUIRED 14 JAN 99 941 394 0800  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)