

FILED
May 03, 2004 8:00 am
Secretary of State


05-03-2004 90447 009 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT (AR)**

14016585



MOORE CR2E037 (11/03)

DOCUMENT # N96000005875			
1. Entity Name MARCO ISLAND HISTORICAL SOCIETY, INC.			
Principal Place of Business M.I. AREA BRD. OF REALTY 168 ROYAL PALM DR MARCO ISLAND FL 34145 US		Mailing Address M.I. AREA BRD. OF REALTY 168 ROYAL PALM DR MARCO ISLAND FL 34145 US	
2. Principal Place of Business Museum at Old Marco Inn		3. Mailing Address Museum at Old Marco Inn	
Suite, Apt. #, etc. No Change		Suite, Apt. #, etc. No Change	
City & State No Change		City & State No Change	
Zip No Change	Country No Change	Zip No Change	Country No Change
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. Name and Address of Current Registered Agent HELLAND, KRIS 307 CASTAWAYS ST MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name Perdichizzi, Fiori Street Address (P.O. Box Number is Not Acceptable) 1200 Butterfly Court City Marco Island FL 34145	
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: <i>Fiori W. Perdichizzi</i> Fiori W. Perdichizzi DATE: April 28, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLAND, KRISTI 307 CASTAWAY ST MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perdichizzi, Fiori 1200 Butterfly Court Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNHAM, ELEANOR 1085 BALD EAGLE DR (B-302) MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anderson, Cindy 848 Collier Court, Apt. 303 Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHATZ, MARY 1838 APATAKI CT MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brown, T. J. 58 No. Collier Blvd., Apt. 201 Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD CARLIN, VIRGINIA 58 N. COLLIER BLVD #2162 MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD TROTZIG, SONNA 848 COLLIER CT #205 MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD Richardson, Katherine 661 West Elkcam Circle, Apt. 925 Marco Island, FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, WILLIAM 732 HERNANDO DR MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Fiori W. Perdichizzi</i> Fiori W. Perdichizzi		DATE: April 28, 2004 DEVIANT PHONE #: (239) 394-6917	