


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # N96000005875

1. Entity Name
MARCO ISLAND HISTORICAL SOCIETY, INC.



FILED
 05 JUL -5 AM 9:34

Principal Place of Business
**MUSEUM AT OLD MARCO INN
 168 ROYAL PALM DR
 MARCO ISLAND, FL 34145 US**

Mailing Address
**MUSEUM AT OLD MARCO INN
 168 ROYAL PALM DR
 MARCO ISLAND, FL 34145 US**

SECRET
 TALLAHASSEE, FLORIDA

[Handwritten initials]



06107104 90004 039 \$61.25
 04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3425001

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERDICHIZZI, FIORI
 1200 BUTTERFLY COURT
 MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 PERDICHIZZI, FIORI 1200 BUTTERFLY COURT 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 | VD ANDERSON, CINDY 848 COLLIER COURT, APT. 303 MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BOZZO, BONNIE 520 TAYLOR COURT MARCO ISLAND, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BROWN, T.J. 58 NO. COLLIER BLVD., APT. 201 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 | 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 RICHARDSON, KATHERINE 661 WEST ELKEARN CIRCLE, APT. 925 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 | 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 |

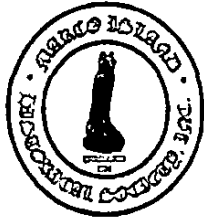
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: *Fiori Perdichizzi* **9/26/05** **239 394 6917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FIORI PERDICHIZZI

2027

ATTACHMENT 66023007



Marco Island Historical Society

168 Royal Palm Drive, Marco Island, FL 34145

Bill Perdichizzi, President, MIHS

Telephone: (239) 894-6917, Email: nfn04051@naples.net

- Members Of:
- American Museum Association
- Florida Association of Museums
- United Arts Council
- Florida Anthropological Association
- Southwest Florida Archaeological Society
- Marco Island Chamber of Commerce
- FANO
- Florida Trust

June 12, 2005

Divisions of Corporations
 Annual Report Section
 P.O. Box 1500
 Tallahassee, FL 32302-1500

Reference Number **N9600005875**

Dear Sir or Madam,

I am at a loss of how you received the form of which you sent me a copy. I have enclosed a copy of the packet that I believed to have mailed to you on April 26, 2005. The enclosed packet is the correct 2005 annual report for the Marco Island historical Society.

Again, please note that we inadvertently sent you double payment in 2004. Your office acknowledged our double payment and notified us by letter. We elected not to request refund of our 2004 overpayment since we knew that we could apply the overpayment to the fee for the year 2005. Therefore, we request that our credit for our 2004 overpayment be applied to the 2005 fee.

I hope this meets your requirements. If you have any questions, please call me at 239-394-6917.

Sincerely yours,

Fiori W. Perdichizzi
 President, MIHS

"Preserving the history and heritage of our community."