

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90085 008 ****61.25

DOCUMENT # **N96000005875**

1. Entity 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
~~957-2202~~ **168 ROYAL PALM DR
MARCO ISLAND FL ~~34146~~ 34145
US**

90000843



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
168 ROYAL PALM DRIVE
Suite, Apt. #, etc.

3. Mailing Address
168 ROYAL PALM DRIVE
Suite, Apt. #, etc.

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

4. FEI Number **59-3425001**

Applied For
Not Applicable

Zip
34145

Country
COLLIER

Zip
34145

Country
COLLIER

5. Certificate of Status Desired **\$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
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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

FILE NOW: FEE IS \$61.25

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

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TITLE	NAME	TITLE	NAME
PD	HELLAND, KRISTI 307 CASTAWAY ST MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	BURNHAM, ELEANOR 1085 BALD EAGLE DR (B-302) MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD	SCHATZ, MARY 1838 APATAKI CT MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
RSD	CARLIN, VIRGINIA 58 N. COLLIER BLVD #2162 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CSD	TROTZIG, SONNA 848 COLLIER CT #205 MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	TYSON, WILLIAM 732 HERNANDO DR MARCO ISLAND FL 34145	<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: *[Signature]* **TREASURER** **01-8-03** **239)389-8822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)