## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006747

Entity Name: ESTERO HISTORICAL SOCIETY, INC.

FILED Jan 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

20621 PINE TREE LANE 20680 HORSE HAME HOLLOW

ESTERO, FL 33928 ESTERO, FL 33928

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1314 ESTERO, FL 33928

FEI Number: 65-0962691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRAUB, HELEN M WEENEN, MARY ANN 20621 PINE TREE LANE 20680 HORSE HAME HOLLOW ESTERO, FL 33928 ESTERO, FL 33928

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.

SIGNATURE: MARY ANN WEENEN 01/28/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition STRAUB, HELEN M WEENEN, MARY ANN Name: Name: 20621 PINE TREE LANE Address: 20680 HORSE HAME HOLLOW Address:

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: TD Title: (X) Change ( ) Addition () Delete Name: PRYAL, JEAN Name: PRYAL, DAVID

Address: 22367 FOUNTAIN LAKES BLVD. Address: 20098 BALLYLEE CT. City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: SD (X) Change ( ) Addition

BUCHANAN, JOAN MASON, RUTH Name: Name: 20591 HIGHLANDS AVE Address: Address: 4530 E LINCOLN LN City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: ( ) Delete Title: () Change () Addition

NELSON, GEORGIA Name: 21151 WINTERBERRY WAY Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PRYAL TD 01/28/2005