2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# N99000006747

Entity Name: ESTERO HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

20680 HORSE HAME HOLLOW
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1314
ESTERO, FL 33928

New Mailing Address:

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

Name and Address of Current Registered Agent:

WEENEN, MARY ANN
20680 HORSE HAME HOLLOW
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WEENEN, MARY ANN	
Address:	20680 HORSE HAME HOLLOW	
City-St-Zip:	ESTERO, FL 33928	
Title:	TD	( ) Delete
Name:	PRYAL, DAVID	
Address:	20098 BALLYLEE CT.	
City-St-Zip:	ESTERO, FL 33928	
Title:	SD	( ) Delete
Name:	MASON, RUTH	
Address:	4530 E LINCOLN LN	
City-St-Zip:	ESTERO, FL 33928	
Title:	VP	( ) Delete
Name:	NELSON, GEORGIA	
Address:	21151 WINTERBERRY WAY	
City-St-Zip:	ESTERO, FL 33928	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 M PRYAL TRES 02/25/2006
Electronic Signature of Signing Officer or Director — Date