

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 17, 2024**

**Secretary of State**

**0410270837CC**

DOCUMENT# 752920

**Entity Name:** CAPE CORAL HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

544 CULTURAL PARK BLVD  
CAPE CORAL, FL 33990

**Current Mailing Address:**

544 CULTURAL PARK BLVD  
CAPE CORAL, FL 33990 US

**FEI Number:** 59-2298202

**Certificate of Status Desired:** No

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

TRULL, JANEL  
544 CULTURAL PARK BLVD  
CAPE CORAL, FL 33990 US

*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:** JANEL TRULL

04/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BIONDI, LINDA  
Address 728 SE 44TH ST.  
City-State-Zip: CAPE CORAL FL 33904

Title IMMEDIATE PAST CHAIR  
Name RASO TATE, GLORIA  
Address 4019 SE 20TH PLACE #204  
City-State-Zip: CAPE CORAL FL 33904

Title EX-OFFICIO  
Name FRANK, JOHN  
Address 1009 SE 46TH LANE, UNIT 105  
City-State-Zip: CAPE CORAL FL 33904

Title EX OFFICIO  
Name GUTIERREZ, DANIEL  
Address 4413 SW 10TH AVE  
City-State-Zip: CAPE CORAL FL 33914

Title PRESIDENT  
Name WARREN, CHARLES  
Address 950 CHIQUITA BLVD S  
City-State-Zip: CAPE CORAL FL 33991

Title EXECUTIVE DIRECTOR  
Name TRULL, JANEL  
Address 544 CULTURAL PARK BLVD  
City-State-Zip: CAPE CORAL FL 33990

Title SECRETARY  
Name RAMOS, KAREN  
Address 916 SE 4TH PLACE  
City-State-Zip: CAPE CORAL FL 33990

Title TREASURER  
Name GERMAIN, DONNA  
Address 2051 CAPE CORAL PARKWAY E  
City-State-Zip: CAPE CORAL FL 33904

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JANEL TRULL

**EXECUTIVE DIRECTOR**

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAYDEN, TOM  
Address 610 SE 16TH ST.  
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR  
Name DELUCA, MEGHAN  
Address 4121 NW 34TH LANE  
City-State-Zip: CAPE CORAL FL 33993

Title DIRECTOR  
Name PEASE, CHARLES  
Address 227 SE 10TH TERRACE  
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR  
Name SICARD, TRACY  
Address 711 SW 22ND STREET  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name COLLINS, JACQUELIN  
Address 5605 SW 14TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR  
Name LAUSON, ROBERT  
Address 4453 ORCHID BLVD  
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR  
Name PHILBIN, LORRI  
Address 524 SE 35TH STREET  
City-State-Zip: CAPE CORAL FL 33904