

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06223

FILED
Mar 20, 2014
Secretary of State
CC7341853747

Entity Name: BONITA SPRINGS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

27142 RIVERSIDE DR
BONITA SPRINGS, FL 34134

Current Mailing Address:

P O BOX 3015
BONITA SPRINGS, FL 34133 US

FEI Number: 59-2482932

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRADER, CHARLES E
27655 KENT RD.
BONITA SPRINGS, FL 34135 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LAWHON, RONDA
Address 27332 PULLEN AVE
City-State-Zip: BONITA SPRINGS FL 34135

Title S
Name REARDON, NORMA
Address 25610 LIMEQUAT CT
City-State-Zip: BONITA SPRINGS FL 34135

Title VP
Name MANGINI, JUDY
Address 12618 FOX RIDGE DR 8203
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name WALKER, LINDA
Address 26881 SAMMOSET WAY
City-State-Zip: BONITA SPRINGS FL 34135

Title VP
Name VALENTINE, SUZY
Address 10971 RAGSDALE ST
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MADDOCK, ROBERT
Address 4460 RIVERWATCH DR #103
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name RUSSELL, RICHARD
Address 25051 PINEWATER COVE LANE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name LEONE, CAROL
Address 25746 LAKE AMEILA WAY #202
City-State-Zip: BONITA SPRINGS FL 34135

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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: RONDA LAWHON

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GLEASON, MARY
Address 26024 CLARKSTON DR
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MARTIN, JOAN
Address 27577 SHORE DR
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name RUSSELL, NANCY
Address 25051 PINEWATER COVE LANE
City-State-Zip: BONITA SPRINGS FL 34134