2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06223

Entity Name: BONITA SPRINGS HISTORICAL SOCIETY, INC.

FILED
Jan 10, 2017
Secretary of State
CC6389663950

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 EARL 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: CHARLES EARL STRADER 01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 1ST VP
 Title
 TREASURER

 Name
 WIEBOLD, MICHELLE
 Name
 LONG, MIKE

Address 10390 RIVER DR Address 3450 LAKEMONT DR

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34134

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 WHITTEMORE, BONNIE
 Name
 MEEK, DON

Address 25151 FAIRWAY DUNES CT Address 28502 SOMBRERO DR

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR Title SECRETARY

Name GLEASON, MARY Name BACHMAN, BARBARA

Address 26024 CLARKSTON DR Address 25875 HICKORY BLVD 401

00 51 04405

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR Title DIRECTOR

Name BLANCHETTE, PHYLLIS Name STRADER, CHARLES E

Address 25741 LAKE AMELIA WAY Address 27655 KENT RD

203

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Continues on page 2

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: CHARLES E STRADER DIRECTOR 01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title 2ND VP

Name THOMAS, AARON

Address PO BOX 3015

City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR

Name DAVEY, FRANCES

Address PO BOX 3015

City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR

Name LALONDE, BEVERLY

Address 8870 COLONNADES CT W #336

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR

Name SAAD, PAUL

Address PO BOX 3015

City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR

Name BORSA, ZAWI

Address PO BOX 3015

City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR

Name HILLIARD, ROBERT

Address 28700 TRAILS EDGE BLVD #303 City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name MARINA, ANN
Address PO BOX 1163

City-State-Zip: BONITA SPRINGS FL 34133