

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002320

**Entity Name:** THE BOCA GRANDE HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**170 PARK AVE  
BOCA GRANDE, FL 33921**Current Mailing Address:**P. O. BOX 553  
BOCA GRANDE, FL 33921**FEI Number:** 65-0585091**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KYLE, KIMBERLY S  
170 PARK AVENUE  
PO BOX 553  
BOCA GRANDE, FL 33921-0553 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:** KIMBERLY S. KYLE

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MCFADDEN, MARTY
Address	816 SOUTH HARBOR DR. P.O. BOX 2001
City-State-Zip:	BOCA GRANDE FL 33921

Title	TREASURER
Name	GRACE, KAREN
Address	5852 GASPARILLA RD. PO BOX 711
City-State-Zip:	BOCA GRANDE FL 33921

Title	SECRETARY
Name	LYONS, NANCY
Address	9831 NW GASPARILLA PASS BLVD. PO BOX 2041
City-State-Zip:	BOCA GRANDE FL 33921

Title	ED
Name	KYLE, KIM
Address	9650 FIDDLERS GREEN CIR. U-114
City-State-Zip:	ROTONDA WEST FL 33947

Title	VD
Name	BLAHA, JAMES
Address	5800 GULF SHORES DRIVE UNIT 115
City-State-Zip:	BOCA GRANDE FL 33921

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:** KIMBERLY KYLE**EXECUTIVE DIRECTOR**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date