

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006747

**Entity Name:** ESTERO HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**9285 CORKSCREW PALMS  
ESTERO, FL 33928**Current Mailing Address:**P.O. BOX 1314  
ESTERO, FL 33929 US**FEI Number:** 65-0962691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANGNER, GAIL MARIE  
9285 CORKSCREW PALMS  
ESTERO, FL 33928 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:** GAIL MARIE LANGNER

01/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            NOVITSKI, MARK  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            DIRECTOR  
Name            WILLETT, RICHARD D  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            VP  
Name            GULA, ROSLYN M  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            DIRECTOR  
Name            WEENEN, MARYANN  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            DIRECTOR  
Name            HEAD, TIMOTHY SCOTT  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            DIRECTOR  
Name            TOTH, BARBARA  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            DIRECTOR  
Name            SCHULTZ, GAIL  
Address        P.O. BOX 1314  
City-State-Zip: ESTERO FL 33929

Title            P  
Name            LANGNER, GAIL M  
Address        PO BOX 1314  
City-State-Zip: ESTERO FL 33929

**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:** GAIL LANGNER**PRESIDENT**

01/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SEC
Name	STULLER, KRISTEN
Address	P.O. BOX 1314
City-State-Zip:	ESTERO FL 33929