

FILED
Feb 23, 2004 8:00 am
Secretary of State

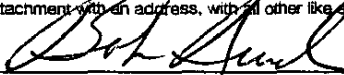
02-23-2004 90029 006 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

44011995



01062004 Chg-NP CR2E037 (10/03)

DOCUMENT # 702002					
1. Entity Name HERNANDO DE SOTO HISTORICAL SOCIETY, INC.					
Principal Place of Business 910 3RD AVE W BRADENTON, FL 34205			Mailing Address 910 3RD AVE W BRADENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0649981	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILCOX, DAVID W. 1301 6TH AVENUE WEST SUITE #401 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name WILCOX, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 308 13 ST W City BRADENTON FL Zip Code 34205	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GITT, STEVE 6400 RIVERVIEW BLVD W BRADENTON, FL 34205	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REVELS, BOB 9606 BRADEN RUN BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COEY, ROBERT 2501 18TH AVE W BRADENTON, FL 34205	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, GREG 7608 19TH AVE NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUSSEY, PATRICK 5204 5TH AVE DR NW BRADENTON, FL 34209	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		BOB REVELS, PRESIDENT		941-747-1998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	