

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735908 (6)

1. Corporation Name

CALUSA VALLEY HISTORICAL SOCIETY INC.



Principal Place of Business

339 West El Paso Avenue
~~112 SOUTH COMMERCIO STREET~~
CLEWISTON FL 33440-0706 -4409

Mailing Address

339 West El Paso Avenue,
~~112 SOUTH COMMERCIO STREET~~
CLEWISTON FL 33440-0706 -4409

3. Date Incorporated or Qualified
05/24/1976

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21 339 West El Paso Avenue

2a. Mailing Address

28 339 West El Paso Avenue

4. FEI Number

59-2350093

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Clewiston, FL

28 Clewiston, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33440-4409

29 33440-4409

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDES, GEORGE, C.

112 SOUTH COMMERCIO STREET 339 West El Paso Avenue
CLEWISTON FL 33440 -4409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FRASER, JOHN
STREET ADDRESS
417 ROYAL PALM AVE
CITY-ST-ZIP
CLEWISTON FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PD
RISLEY, JOE
STREET ADDRESS
POST OFFICE BOX 433 N/A
CITY-ST-ZIP
LABELLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
TD
CORDES, GEORGE C.
STREET ADDRESS
339 WEST EL PASO AVE
CITY-ST-ZIP
CLEWISTON FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
SD
RIDER, LYNDA
STREET ADDRESS
170 BELMONT ST
CITY-ST-ZIP
LABELLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
SD
~~PROPPS, MARCI~~
STREET ADDRESS
~~704 SEMINOLE AVE~~
CITY-ST-ZIP
~~CLEWISTON FL~~

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
VD
~~WATERS, EDNA~~
STREET ADDRESS
~~POST OFFICE BOX 1677 N/A~~
CITY-ST-ZIP
~~LABELLE FL~~

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 22, 1996

(941) 983-9713

Date

Daytime Phone #

CR2E037 (12/95)