
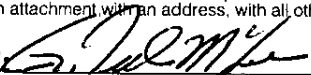


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91215 021 ****61.25

DOCUMENT # N00000004808 1. Entity Name THE SOUTHWEST FLORIDA MUSEUM OF HISTORY FOUNDATION, INC.					
Principal Place of Business 2449 FIRST STREET FORT MYERS, FL 33902			Mailing Address 2449 FIRST STREET FORT MYERS, FL 33902		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address PO Box 2119 Suite, Apt. #, etc.		
City & State Fort Myers FL			4. FEI Number 65-1026058		
Zip 33901			Country USA		
Zip 33902-2119			Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent GRACE, WILLIAM H 2449 FIRST STREET FORT MYERS, FL 33902			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Fort Myers FL Zip Code 33901		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT MORRIS, MARK L FNB OF FT. MYERS 2915 COLONIAL BLVD. FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D PT MCGEE, G. Ted 1567 Rosada Way Fort Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRACE, WILLIAM H 2449 FIRST STREET FORT MYERS, FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hendry, Harry O. 2242 Main Street Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENT, JACQUELYN 6461 ARAGON WAY, #107 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Barbara 1560 Grace Avenue Fort Myers FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SARLO, ARNOLD POST OFFICE BOX 1169 N/A FORT MYERS, FL 33902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bochette, LD 3789 Fowler Street Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCGEE, TED 1567 ROSADA WAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  G. Ted McGee			4/29/04 239/332-2000 Date Daytime Phone #		