

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004808

FILED
Jan 17, 2006
Secretary of State

Entity Name: THE SOUTHWEST FLORIDA MUSEUM OF HISTORY FOUNDATION, INC.

Current Principal Place of Business:

2449 FIRST STREET
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2119
FORT MYERS, FL 339022119 US

New Mailing Address:

FEI Number: 65-1026058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, WILLIAM H
2449 FIRST STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCGEE, G. TED
Address: 1567 ROSADA WAY
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD () Delete
Name: GRACE, WILLIAM H
Address: 2449 FIRST STREET
City-St-Zip: FORT MYERS, FL 33902

Title: SD () Delete
Name: HENDRY, HARRY O
Address: 2242 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: CUMMINGS, BARBARA
Address: 15600 GRACE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BOCHETTE, LD
Address: 3789 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H. GRACE

VPD

01/17/2006

Electronic Signature of Signing Officer or Director

Date