

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004808

FILED
Feb 18, 2008
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:

1226 MELALEUCA LANE
FORT MYERS, FL 33901 US

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:

GRACE, WILLIAM H
1226 MELALEUCA LANE
FORT MYERS, FL 33901 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: _____ Date: 02/18/2008
Electronic Signature of Registered Agent

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEILMAN, RHONDA
Address: 1409 SW 18TH STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: VPD (X) Change () Addition
Name: GRACE, WILLIAM H
Address: 1226 MELALEUCA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: SD (X) Change () Addition
Name: BOB, ENCARNACION
Address: P.O. BOX 1970
City-St-Zip: FORT MYERS, FL 33902

Title: DT (X) Change () Addition
Name: MCGEE, G. TED
Address: 1567 ROSADA WAY
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify 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 VP Date: 02/18/2008
Electronic Signature of Signing Officer or Director