

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00840

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** USEPPA ISLAND HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

USEPPA ISLAND MUSEUM  
PO BOX 640  
BOKEELIA, FL 33922 US

**New Principal Place of Business:**

USEPPA ISLAND MUSEUM  
USEPPA ISLAND, FL 33922 US

**Current Mailing Address:**

P O BOX 640  
PO BOX 640  
BOKEELIA, FL 33922 US

**New Mailing Address:**

**FEI Number:** 59-2383891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HANSEN, BARBARA  
8115 MAIN ST  
BOKEELIA, FL 33922 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: D ( ) Delete  
Name: KATHLEEN STOCKER,  
Address: PO BOX 640 N/A  
City-St-Zip: BOKEELIA, FL 33922

Title: SD ( ) Delete  
Name: SMITH, MARSHA  
Address: 5050 GARBIELS LANDING RD  
City-St-Zip: OXFORD, MD

Title: D ( ) Delete  
Name: BERGSTEN, SALLY  
Address: BRIGHAM RD.  
City-St-Zip: GATES MILLS, OH

Title: P ( ) Delete  
Name: MILLER, PAUL  
Address: 115 MAPLE HILL RD  
City-St-Zip: GLADWYNE, PA

Title: T ( ) Delete  
Name: HANSEN, BARBARA  
Address: 8115 MAIN STREET  
City-St-Zip: BOKEELIA, FL 33922

Title: D ( ) Delete  
Name: FORMOSA, VINCENT  
Address: P.O. BOX 640 N/A  
City-St-Zip: BOKEELIA, FL

**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:

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: PAUL MILLER

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date