

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00840

FILED
Apr 25, 2009
Secretary of State

Entity Name: USEPPA ISLAND HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

USEPPA ISLAND MUSEUM
USEPPA ISLAND, FL 33922 US

New Principal Place of Business:

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 ()**

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: VP () Delete
Name: SWIGERT, PAUL
Address: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

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: BOB, LEVENSON
Address: P.O. BOX 640 N/A
City-St-Zip: BOKEELIA, FL 33922

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: PRES (X) Change () Addition
Name: MILLER, PAUL
Address: 115 MAPLE HILL RD
City-St-Zip: GLADWYNE, PA

Title: TREA (X) Change () Addition
Name: HANSEN, BARBARA
Address: 8115 MAIN STREET
City-St-Zip: BOKEELIA, FL 33922

Title: SEC (X) Change () Addition
Name: JIM, CARAWAY
Address: P.O. BOX 640 N/A
City-St-Zip: BOKEELIA, FL 33922

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: BARBARA HANSEN

TREA

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date