

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00840

FILED
Apr 14, 2010
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:

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

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:

SWIGERT, PAUL
8115 MAIN ST
BOKEELIA, FL 33922 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: PAUL SWIGERT

04/14/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: STOCKER, KATHLEEN
Address: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

Title: PRES
Name: SWIGERT, PAUL
Address: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

Title: D
Name: BACON, MARY
Address: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

Title: TREA
Name: MILLER, PAUL
Address: 115 MAPLE HILL RD
City-St-Zip: GLADWYNE, PA

Title: VP
Name: STEVENS, BOB
Address: PO BOX 640
City-St-Zip: BOKEELIA, FL 33922

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL SWIGERT

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

Date