


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 041 ****61.25

DOCUMENT # N02000004347	
1. Entity Name JUPITER ISLAND HISTORICAL SOCIETY, INC.	

Principal Place of Business 103 BUNKER HILL ROAD HOBE SOUND, FL 33475	Mailing Address PO BOX 938 HOBE SOUND, FL 33475
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40072382

2. Principal Place of Business - No P.O. Box # 2 Bridge Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hobe Sound, FL	City & State
Zip 33455	Country USA

03132007 Chg-NP CR2E037 (12/06)	
4. FEI Number 30-0087927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RANDOLPH, JOHN C ESQ 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANNIBALI, PHILIP	NAME		
STREET ADDRESS	112 NORTH BEACH ROAD	STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAYSON, JOHN	NAME		
STREET ADDRESS	230 SOUTH BEACH ROAD	STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNNE, KATHY	NAME		
STREET ADDRESS	101 OSCEOLA AVE	STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSETT, KATHRYN	NAME		
STREET ADDRESS	38 GOMEZ ROAD	STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Kathryn C. Bassett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Kathryn Bassett Date: 4-18-07 Daytime Phone #: 772-545-0022