2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N02006

Entity Name: THE SOUTHWEST FLORIDA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

10001 MCGREGOR BLVD
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1381
FT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-2469602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, WILLIAM H
1326 MELALEVEN LN
FT. MYERS, FL 33901 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: PD ( ) Delete
Name: SHAFERN, ROBERT T
Address: 2704 SHRIVER DR.
City-St-Zip: FORT MYERS, FL 33901

Title: VPD ( ) Delete
Name: GRACE, WILLIAM H
Address: 1326 MELWEVEA LANE
City-St-Zip: FORT MYERS, FL 33901

Title: VPD ( ) Delete
Name: CUMMINGS, BARBARA B
Address: 1560 GRACE AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete
Name: BOCHETTE, L. D
Address: 2413 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL

Title: SD ( ) Delete
Name: SORRILL, HELEN
Address: 2937 MC GREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAFER, ROBERT T
Address: 2704 SHRIVER DR.
City-St-Zip: FORT MYERS, FL 33901

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 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 VPD 01/17/2006

Electronic Signature of Signing Officer or Director Date