

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02006

1. Entity Name

THE SOUTHWEST FLORIDA HISTORICAL SOCIETY,
INC.



Principal Place of Business

10001 MCGREGOR BLVD
FT MYERS FL 33919
US

Mailing Address

P O BOX 1381
FT MYERS FL 33902
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2469602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACE, WILLIAM H
1326 MELALEVEN LN
FT. MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
SHAFER, ROBERT T
2704 SHRIVER DR.
FORT MYERS FL 33901 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
VPD
GRACE, WILLIAM H
1326 MELWEVEA LANE
FORT MYERS FL 33901 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
VPD
CUMMINGS, BARBARA B
1560 GRACE AVE.
FORT MYERS FL 33901 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
BOCHETTE, L. D
2413 MCGREGOR BLVD.
FORT MYERS FL ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
SORRILL, HELEN
2937 MC GREGOR BLVD
FORT MYERS FL 33901 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000763254
05/29/07-80048-024 61.25

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

(L.D. Bochette) Treasurer

04/18/07

(239) 939-4044