2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02006

FILED Feb 02, 2009 Secretary of State

Entity Name: THE SOUTHWEST FLORIDA HISTORICAL SOCIETY, INC.

IOOQ1 Mi	illicipai riace	of Business:	New Principal Place	New Principal Place of Business:	
A IOOO I IVI	CGREGOR BL	V D			
4 FT MYER:	S, FL 33919	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
POBOX FT MYER:	1381 S, FL 33902	US			
El Number	: 59-2469602	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	RMAN, RICHAR	DW			
	DISH CIR RS, FL 33903	US			
	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Nddress:	PD () BOWEN, GENE 1847 GRACE A' FORT MYERS,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	BOWEN, GENE 1847 GRACE A' FORT MYERS,	VIEVE VE FL 33901 Delete TON P VE	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	BOWEN, GENE 1847 GRACE A' FORT MYERS, VPD () BOWEN, TREN' 1847 GRACE A' FORT MYERS,	VIEVE VE FL 33901 Delete TON P VE FL 33901 Delete RBARA B	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Nddress:	BOWEN, GENE 1847 GRACE A' FORT MYERS, VPD () BOWEN, TREN 1847 GRACE A' FORT MYERS, VPD () CUMMINGS, BA 1560 GRACE A' FORT MYERS, TD () JUNGFERMAN, 124 STANDISH	VIEVE VE FL 33901 Delete TON P VE FL 33901 Delete RBARA B VE. FL 33901 Delete RICHARD W	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

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: RICHARD W. JUNGFERMAN TD 02/02/2009