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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06223 (4)

BONITA SPRINGS HISTORICAL SOCIETY, INC.



Principal Place of Business: 27690 SHRIVER AVE, BONITA SPRINGS FL 33823 US
Mailing Address: P O BOX 3015, BONITA SPRINGS FL 34133-3015 US

3. Date Incorporated or Qualified: 11/19/1984
3a. Date of Last Report: 02/08/1996

21. Principal Place of Business: 27142 Riverside DR, Bonita Springs, FL 34134 US
22. Mailing Address: P O BOX 3015, BONITA SPRINGS FL 34133-3015 US
4. FEI Number: 59-2482932
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [x]

9. Name and Address of Current Registered Agent: HOGG, JANE M., 175 W 6TH ST, PO BOX 3015, BONITA SPRINGS FL 33959
10. Name and Address of New Registered Agent: [Blank]

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|--------------------------------|---|-----------------------------------|
| TITLE: PD | NAME: HOGG, JANE | 1.1 TITLE: [Blank] | 1.2 NAME: [Blank] |
| STREET ADDRESS: 175 W 6TH ST | CITY-ST-ZIP: BONITA SPGS FL | 1.3 STREET ADDRESS: [Blank] | 1.4 CITY-ST-ZIP: [Blank] |
| TITLE: D | NAME: DRURY, PAULINE | 2.1 TITLE: D | 2.2 NAME: JEAN BITTNER |
| STREET ADDRESS: 2017 ELDORADO DR 1BE | CITY-ST-ZIP: BONITA SPRINGS FL | 2.3 STREET ADDRESS: 3100 SEASONS WAY APT 116 | 2.4 CITY-ST-ZIP: ESTERO, FL 33928 |
| TITLE: TD | NAME: SUPRLOCK, ELAINE | 3.1 TITLE: [Blank] | 3.2 NAME: [Blank] |
| STREET ADDRESS: 27312 VALOIS DR. | CITY-ST-ZIP: BONITA SPGS FL | 3.3 STREET ADDRESS: [Blank] | 3.4 CITY-ST-ZIP: [Blank] |
| TITLE: SD | NAME: STURGIS, ELIZABETH | 4.1 TITLE: [Blank] | 4.2 NAME: [Blank] |
| STREET ADDRESS: 56 1ST STREET | CITY-ST-ZIP: BONITA SPRGS FL | 4.3 STREET ADDRESS: [Blank] | 4.4 CITY-ST-ZIP: [Blank] |
| TITLE: TD | NAME: MARTIN, JOAN A. | 5.1 TITLE: [Blank] | 5.2 NAME: [Blank] |
| STREET ADDRESS: 27577 SHORE DRIVE | CITY-ST-ZIP: BONITA SPGS. FL | 5.3 STREET ADDRESS: [Blank] | 5.4 CITY-ST-ZIP: [Blank] |
| TITLE: [Blank] | NAME: [Blank] | 6.1 TITLE: [Blank] | 6.2 NAME: [Blank] |
| STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | 6.3 STREET ADDRESS: [Blank] | 6.4 CITY-ST-ZIP: [Blank] |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] REQUIRED 4-1-97 941-947 2379

CR2E037 (9/96)