

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06223 (4)
 1. Corporation Name
BONITA SPRINGS HISTORICAL SOCIETY, INC.



Principal Place of Business 27142 RIVERSIDE DR BONITA SPRINGS FL 34134 US	Mailing Address P O BOX 3015 BONITA SPORINGS FL 33959 US SPRINGS. 34133
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3. Date Incorporated or Qualified 11/19/1984		
4. FEI Number 59-2482932	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name		
82 Street Address (P.O. Box Number Is Not Acceptable)		
83		
84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HOGG, JANE 175 W 6TH ST BONITA SPGS FL	1.1 TITLE D	DORIS WOLLAM 10440 WOOD IBIS AVE BONITA SPRINGS FL 34135
TITLE D	BITTNER, JEAN 3100 SEASONS WAY, 116 ESTERO FL	2.1 TITLE D	TRINDLE, BERYL 4060 TARPON AVE BONITA SPRINGS FL 34134
TITLE TD	SUPPLOCK, ELAINE 27312 VALOIS DR. BONITA SPGS FL	3.1 TITLE D	AYDELOTIE JOAN PO BOX 471, 27690 PIERCE AVE SE BONITA SPRINGS FL 34133
TITLE SD	STURGIS, ELIZABETH 56 1ST STREET BONITA SPRGS FL	4.1 TITLE D	LILES, BYRON PO Box 310, 13137 SWELL HANE BONITA SPRINGS FL 34133
TITLE TD	MARTIN, JOAN A. 27577 SHORE DRIVE BONITA SPGS. FL	5.1 TITLE	
TITLE		6.1 TITLE	

1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Jane M. Hogg JANE M. HOGG 2-2-98 941-9472379

CR2E037 (10/97)