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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06223

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 SPBIGNS FL 33959 US SPRINGS 34133
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/19/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2482932
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HOGG, JANE M. 175 W 6TH ST PO BOX 3015 BONITA SPRINGS FL 33959	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGG, JANE	1.2 NAME	
STREET ADDRESS	175 W 6TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITTNER, JEAN	2.2 NAME	MARILYN PAPE (DIRECTOR)
STREET ADDRESS	3100 SEASONS WAY, 116	2.3 STREET ADDRESS	27273 BUCCANER DR.
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	BONITA SPRINGS FLA 34135
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPRLOCK, ELAINE	3.2 NAME	
STREET ADDRESS	27312 VALOIS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGIS, ELIZABETH	4.2 NAME	
STREET ADDRESS	56 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINDLE, BERYL	5.2 NAME	
STREET ADDRESS	4060 TARPON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS. FL 34134	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLAM, DORIS	6.2 NAME	
STREET ADDRESS	10440 WOOD IBIS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Catherine Harris* **REQUIRED** Date: 2/4/99 Daytime Phone #: 941-992-5415

CR2E037 (11/98)