


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90030 037 \*\*\*\*61.25

<b>DOCUMENT # N06223</b> 1. Entity Name <b>BONITA SPRINGS HISTORICAL SOCIETY, INC.</b>			
Principal Place of Business 27142 RIVERSIDE DR BONITA SPRINGS FL 34134 US		Mailing Address P O BOX 3015 BONITA SPRINGS FL 34133 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER, MAGDALENA 25761 CREEKBEND DR BONITA SPRINGS FL 34135		Name <i>Xandra Pool</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>24632 Ivory Lane Dr. #201</i>	
		City <i>Bonita Springs</i>	
		City <i>FL</i>	State <i>FL</i>
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 <i>Xandra Pool, President</i>		DATE <i>1/20/05</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD POOL, XANDRA <input type="checkbox"/> Delete	TITLE	T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOL, XANDRA	NAME	BETSY M WATERS
STREET ADDRESS	24632 IVORY CARE DRIVE#201	STREET ADDRESS	9820 CITADEL LN #206
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	S-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORST, JACOB	NAME	ELIZABETH STURGIS
STREET ADDRESS	27137 EDENBRIDGE CT	STREET ADDRESS	44 1ST ST
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	1VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGG, JANE	NAME	
STREET ADDRESS	175 W 6TH ST	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	
TITLE	2 VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SCOY, MILDRED	NAME	
STREET ADDRESS	27853 KINGS KEW	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRGS FL 34134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: <i>Xandra Pool</i>		DATE: <i>1/20/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>239-948-9397</i>	

**50007714**



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2482932** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required