

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06223

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: BONITA SPRINGS HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

27142 RIVERSIDE DR  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3015  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

FEI Number: 59-2482932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STILLWAGGON, WESLEY E  
24777 GOLDCREST DR  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POOL, XANDRA  
Address: 24632 IVORY CARE DRIVE#201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: WATERS, BETSY M  
Address: 9820 CITADEL LN #206  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete  
Name: PERRY, SHEILA  
Address: 2565 ASPEN CRK LANE 101  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: MANGINI, JUDY  
Address: 12618 FOX RIDGE DR 8203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: STILLGAGGON, WESLEY  
Address: 24777 GOLDCREST DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PPD ( ) Delete  
Name: STRADER, CHARLES E  
Address: 27655 KENT RD  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WESLEY E. STILLWAGGON

T

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date