

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