

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 030 ****61.25

DOCUMENT # N95000002320					
1. Entity Name THE BOCA GRANDE HISTORICAL SOCIETY, INC.					
Principal Place of Business 131 BANYAN ST P.O. BOX 553 BOCA GRANDE, FL 33921 US			Mailing Address P. O. BOX 553 BOCA GRANDE, FL 33921		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0585091	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRISON, JUDY D CPA 421 PALM AVE PO BOX 523 BOCA GRANDE, FL 33921			Name Street Address (P.O. Box Number is Not Acceptable) City		
MORRISON, JUDY D CPA 421 PALM AVE PO BOX 523 BOCA GRANDE, FL 33921			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, HOLBROOK R 711 PALM AVE BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM KYLE, KIM 7446 SPINNAKER BLVD ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCK, MITCHELL 323 PILOT POINT LANE BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lowe, Patricia 1711 Pelican Cove Rd # GL 444 Sarasota, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANITALLIE, SALLIE 1678 JOSE GASPAR DR BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bishop, Doris P.O. Box 947 Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, DORIS 11 RAILROAD AVENUE BOCA GRANDE, FL 33921		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Johnson, Robert P.O. Box 274 Boca Grande, FL 33921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Michael R. Davis</i> 4/18/06 941-964-1600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					