


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 006 ****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 - No P.O. Box # 170 Park Avenue		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Grande FL		City & State		4. FEI Number 65-0585091	
Zip 33921		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, JUDY D CPA 421 PALM AVE PO BOX 523 BOCA GRANDE, FL 33921			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 TD NAME DAVIS, HOLBROOK R STREET ADDRESS 711 PALM AVE CITY-ST-ZIP BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AM NAME KYLE, KIM STREET ADDRESS 7446 SPINNAKER BLVD CITY-ST-ZIP ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LOWE, PATRICIA STREET ADDRESS 1711 PELICAN COVERD., #GL444 CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BISHOP, DORIS STREET ADDRESS P.O. BOX 947 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME JOHNSON, ROBERT STREET ADDRESS P.O. BOX 274 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Holbrook R Davis</u> <u>Jan 5 07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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