

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005875

FILED
Feb 08, 2007
Secretary of State

Entity Name: MARCO ISLAND HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

MUSEUM AT OLD MARCO INN
168 ROYAL PALM DR
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2282
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 59-3425001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDICHIZZI, FIORI
1200 BUTTERFLY COURT
MARCO ISLAND, FL 34145 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: V/D () Delete
Name: PERDICHIZZI, FIORI
Address: 1200 BUTTERFLY COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: V/D () Delete
Name: PERDICHIZZI, BETSY
Address: 1200 BUTTERFLY COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: T/D () Delete
Name: BROWN, T.J.
Address: 58 NO. COLLIER BLVD., APT. 201
City-St-Zip: MARCO ISLAND, FL 34145

Title: P/D () Delete
Name: ANDERSON, CINDY
Address: 848 COLLIER COURT, APT. 303
City-St-Zip: MARCO ISLAND, FL 34145

Title: S/D () Delete
Name: RICHARDSON, KATHERINE
Address: 661 WEST ELKEARN CIRCLE, APT. 925
City-St-Zip: MARCO ISLAND, FL 34145

Title: T/D (X) Delete
Name: ERJAVEC, GENE
Address: 850 PALM STREET, APT. C-19
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: INDEPENDENT ACCOUNTING OFFICE
Address: 551 E ELKCAM CIRCLE
City-St-Zip: MARCO ISLAND, FL 34145

Title: P/D (X) Change () Addition
Name: LINDBERGH, LEE
Address: P.O. BOX 2282
City-St-Zip: MARCO ISLAND, FL 34146

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 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: FIORE PERDICHIZZI

V/D

02/08/2007

Electronic Signature of Signing Officer or Director

Date