

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06223** (4)

1. Corporation Name
BONITA SPRINGS HISTORICAL SOCIETY, INC.



Principal Place of Business
~~9220 BONITA BEACH RD~~
~~STE 300~~ 27690 SHARIVER AVE
BONITA SPRINGS FL 33923
US

Mailing Address
P O BOX 3015
BONITA SPORIGNS FL 33959
US

3. Date Incorporated or Qualified **11/19/1984** 3a. Date of Last Report **06/23/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2482932	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGG, JANE M.
175 W 6TH ST
PO BOX 3015
BONITA SPRINGS FL 33959

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jane M. Hogg* **JANE M. HOGG** 1-31-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	BYRON LILES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGG, JANE	1.2 NAME	10541 DEAN ST
STREET ADDRESS	175 W 6TH ST	1.3 STREET ADDRESS	BONITA SPRINGS
CITY-ST-ZIP	BONITA SPGS FL	1.4 CITY-ST-ZIP	FLA 33923
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	JEAN BITNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRURY, PAULINE	2.2 NAME	28191 WINTHROP CIR.
STREET ADDRESS	2017 ELDORADO DR 18E	2.3 STREET ADDRESS	BONITA SPRINGS
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	FLA 33923
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VICKI MEYER MANZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUPRLOCK, ELAINE	3.2 NAME	1230 RAILHEAD BLVD
STREET ADDRESS	27312 VALOIS DR.	3.3 STREET ADDRESS	NAPLES FLA 33963
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGIS, ELIZABETH	4.2 NAME	
STREET ADDRESS	56 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRGS FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOAN A.	5.2 NAME	
STREET ADDRESS	27577 SHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane M. Hogg* **JANE M. HOGG** 1-31-96 941-947-2379
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)