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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06223 (4)
1. Corporation Name
BONITA SPRINGS HISTORICAL SOCIETY, INC.



Principal Place of Business 27142 RIVERSIDE DR BONITA SPRINGS FL 34134 US	Mailing Address P O BOX 3015 BONITA SPORINGS FL 33959 US SPRINGS. 34133
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3. Date Incorporated or Qualified 11/19/1984		
4. FEI Number 59-2482932	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HOGG, JANE	1.2 NAME	DORIS WOLLAM
STREET ADDRESS	175 W 6TH ST	1.3 STREET ADDRESS	10440 WOOD IBIS AVE
CITY-ST-ZIP	BONITA SPGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	D	2.1 TITLE	D
NAME	BITTNER, JEAN	2.2 NAME	TRINDLE, BERYL
STREET ADDRESS	3100 SEASONS WAY, 116	2.3 STREET ADDRESS	4060 TARPON AVE
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	TD	3.1 TITLE	D
NAME	SUPPLOCK, ELAINE	3.2 NAME	AYDELOTIE JOAN
STREET ADDRESS	27312 VALOIS DR.	3.3 STREET ADDRESS	PO BOX 471, 27690 PIERCE AVE SE
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS FL 34133
TITLE	SD	4.1 TITLE	D
NAME	STURGIS, ELIZABETH	4.2 NAME	LILES, BYRON
STREET ADDRESS	56 1ST STREET	4.3 STREET ADDRESS	PO BOX 310, 13137 SWELL HANE
CITY-ST-ZIP	BONITA SPRGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS FL 34133
TITLE	TD	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2-2-98 941-9472379

CR2E037 (10/97)