

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 026 ****61.25

0066460

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N06223

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 SPRINGS FL 33959 US SPRINGS 34133
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/19/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2482932
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGG, JANE	
STREET ADDRESS	175 W 6TH ST	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BITTNER, JEAN	
STREET ADDRESS	3100 SEASONS WAY, 116	
CITY-ST-ZIP	ESTERO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUPRLOCK, ELAINE	
STREET ADDRESS	27312 VALOIS DR.	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STURGIS, ELIZABETH	
STREET ADDRESS	56 1ST STREET	
CITY-ST-ZIP	BONITA SPRGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINDLE, BERYL	
STREET ADDRESS	4060 TARPON AVE	
CITY-ST-ZIP	BONITA SPGS. FL 34134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLLAM, DORIS	
STREET ADDRESS	10440 WOOD IBIS AVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARILYN PAPE (DIRECTOR)
2.3 STREET ADDRESS	27273 BUCCANER DR.
2.4 CITY-ST-ZIP	BONITA SPRINGS FLA 34135
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE: *Catherine Hogg* **REQUIRED** Date: 2/4/99 Daytime Phone #: 941-992-5415

CR2E037 (11/98)