

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N06223

Entity Name: BONITA SPRINGS HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

27142 RIVERSIDE DR
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3015
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 59-2482932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, MAGDALENA
25761 CREEKBEND DR
BONITA SPRINGS, FL 34135

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: PD () Delete
Name: BECKER, MAGDALENE
Address: 25761 CREEKBEND DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: BRADLEY, ELIZABETH
Address: 2479 HOLLYBRIER LN.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: 1VP () Delete
Name: TREW, DONALD
Address: 26921 PALM ST.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: STURGIS, ELIZABETH
Address: 56 1ST STREET
City-St-Zip: BONITA SPRGS, FL

Title: D (X) Delete
Name: TRINDLE, BERYL
Address: 4060 TARPON AVE
City-St-Zip: BONITA SPGS., FL 34134

Title: D (X) Delete
Name: WOLLAM, DORIS
Address: 10440 WOOD IBIS AVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POOL, XANDRA
Address: 24632 IVORY CARE DRIVE#201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD (X) Change () Addition
Name: WORST, JACOB
Address: 27137 EDENBRIDGE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: 1VP (X) Change () Addition
Name: HOGG, JANE
Address: 175 W 6TH ST
City-St-Zip: BONITA SPRINGS, FL 34134

Title: 2 VP (X) Change () Addition
Name: VAN SCOY, MILDRED
Address: 27853 KINGS KEW
City-St-Zip: BONITA SPRGS, FL 34134

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 Section 119.07(3)(i), 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: JACOB WORST

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date