


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90030 037 \*\*\*\*61.25

**DOCUMENT # N06223**  
 1. Entity 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 34133 US

**50007714**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-2482932 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BECKER, MAGDALENA**  
 25761 CREEKBEND DR  
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent  
 Name: Xandra Pool  
 Street Address (P.O. Box Number is Not Acceptable): 24632 Ivory Lane Dr. #201  
 City: Bonita Springs State: FL Zip Code: 34134

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: Xandra Pool, President DATE: 1/20/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: POOL, XANDRA STREET ADDRESS: 24632 IVORY CARE DRIVE#201 CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE: TD NAME: WORST, JACOB STREET ADDRESS: 27137 EDENBRIDGE CT CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Delete
TITLE: 1VP NAME: HOGG, JANE STREET ADDRESS: 175 W 6TH ST CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE: 2 VP NAME: VAN SCOY, MILDRED STREET ADDRESS: 27853 KINGS KEW CITY-ST-ZIP: BONITA SPRGS FL 34134	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T-D NAME: BETSY M WATERS STREET ADDRESS: 9820 CITADEL LN #206 CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S-D NAME: ELIZABETH STURGIS STREET ADDRESS: 44 1ST ST CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Xandra Pool DATE: 1/20/05 DAYTIME PHONE: 239-948-9397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR