

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06223

FILED  
May 26, 2010  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STILLWAGGON, WESLEY E  
24777 GOLDCREST DR  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

STRADER, CHARLES E  
27655 KENT RD.  
BONITA SPRINGS, FL 34135 US

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: CHARLES E. STRADER

05/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: POOL, XANDRA  
Address: 24632 IVORY CARE DRIVE #201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S  
Name: STURGIS, ELIZABETH  
Address: 44 - 1ST ST.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P  
Name: NEMSICK, DONNA  
Address: 27351 RIDGE LAKE CT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP  
Name: MANGINI, JUDY  
Address: 12618 FOX RIDGE DR 8203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T  
Name: BURGESS, ROBERT  
Address: 23448 OLDE MEADOWBROOK CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP  
Name: VALENTINE, SUZY  
Address: 10971 RAGSDALE ST  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: DONNA NEMSICK

P

05/26/2010

Electronic Signature of Signing Officer or Director

Date