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Jan 27, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703843

1. Corporation Name

BOCA GRANDE COMMUNITY HOUSE, INC.

Principal Place of Business

EAST BANYAN STREET
P.O. BOX 101
BOCA GRANDE FL 33921.

Mailing Address

EAST BANYAN STREET
P.O. BOX 101
BOCA GRANDE FL 33921



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/05/1962

4. FEI Number

59-2116488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOINER, ISABELLE
FIRST AND HARBOR
BOCA GRANDE FL 33921

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
JOINER, ISABELLE
190 E FIRST ST., P.O BOX 154
BOCA GRANDE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BREWER, NANCY
4661 ARLINGTON DRIVE, P.O BOX 265
CAPE HAZE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SYMON, BARBARA
530 FIFTH STREET, P.O BOX 1308
BOCA GRANDE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
AREHART, ANNE
1870 W 18TH ST., P.O BOX 686
BOCA GRANDE, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SPURGEON, SUSAN
280 F RAILROAD AVENUE, P.O BOX 1507
BOCA GRANDE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CHATHAM, BARBARA
228 PILOT ST., P.O BOX 51
BOCA GRANDE, FL 00000

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Isabelle Joiner

1/8/99

941-964-2878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)