

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769952** (3)

1. Corporation Name
BONITA SPRINGS CHORUS, INC.



Principal Place of Business: % ANNE NELESEN, 18114 ADAMS CIRCLE, SE, FORT MYERS FL 33912
Mailing Address: % ANNE NELESEN, 18114 ADAMS CIRCLE, SE, FORT MYERS FL 33912

3. Date Incorporated or Qualified: 08/23/1983
3a. Date of Last Report: 06/08/1995

21. Principal Place of Business		22. Mailing Address		4. FEI Number: 59-2327717		Applied For: Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. Country		30. Country					

9. Name and Address of Current Registered Agent NELESEN, ANNE 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912				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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MODESTINE, CHARLOTTE		12 NAME	DASHIELL, GEORGE			
STREET ADDRESS	28758 CARMEL WAY		13 STREET ADDRESS	8635 FIRWOOD DRIVE			
CITY-ST-ZIP	BONITA SPRINGS FL		14 CITY-ST-ZIP	ESTERO FL 33928			
TITLE	T	<input type="checkbox"/> DELETE	21 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BELT, JOHN F.		22 NAME				
STREET ADDRESS	130 FAIRWAY CIRCLE		23 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELT, JEAN R		32 NAME				
STREET ADDRESS	130 FAIRWAY CIR		33 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	41 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARMIN, BETTY		42 NAME	GARCIA, CELIA			
STREET ADDRESS	1188 SAFARI DR		43 STREET ADDRESS	22077 SEASHORE CIRCLE			
CITY-ST-ZIP	BONITA SPRINGS FL		44 CITY-ST-ZIP	ESTERO FL 33928			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	51 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CHILO, DON		52 NAME	BUTE, ARLENE			
STREET ADDRESS	4501 SPRING CREEK BOX 247		53 STREET ADDRESS	815 GULF PAVILION DRIVE #102			
CITY-ST-ZIP	BONITA SPRINGS FL		54 CITY-ST-ZIP	NAPLES FL 33907			
TITLE	CD	<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NELESEN, ANNE (CHAIRMAN)		62 NAME				
STREET ADDRESS	18114 ADAMS CIRCLE SE		63 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John H. Zell Date: 2-9-96 Daytime Phone #: 941-597-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)