


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33912-3051
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3. Date Incorporated or Qualified <b>08/23/1983</b>	3a. Date of Last Report <b>02/13/1996</b>
4. FEI Number <b>59-2327717</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>NELESEN, ANNE 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>DASHIELL, GEORGE</b>
STREET ADDRESS	<b>8835 FIRWOOD DR</b>
CITY-ST-ZIP	<b>ESTERO FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BELT, JOHN F.</b>
STREET ADDRESS	<b>130 FAIRWAY CIRCLE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>BELT, JEAN R</b>
STREET ADDRESS	<b>130 FAIRWAY CIR</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>GARCIA, CELIA</b>
STREET ADDRESS	<b>22077 SEA SHORE CIR</b>
CITY-ST-ZIP	<b>ESTERO FL</b>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>BUTE, ARLENE</b>
STREET ADDRESS	<b>815 GULF PAVILION DR #102</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>NELESEN, ANNE (CHAIRMAN)</b>
STREET ADDRESS	<b>18114 ADAMS CIRCLE SE</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33928</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>34110</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>34110</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33928</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>34108</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33912</b>

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *John F. Belt* TREASURER JOHN F. BELT 2-4-97 941597-3489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066593

CR2E037 (9/96)