


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769952 (3)**  
1. Corporation Name  
**BONITA SPRINGS CHORUS, INC.**



Principal Place of Business <b>% ANNE NELESEN 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912</b>	Mailing Address <b>% ANNE NELESEN 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912</b>
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3. Date Incorporated or Qualified <b>08/23/1983</b>	
4. FEI Number <b>59-2327717</b>	Applied For <input type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DASHIELL, GEORGE</b>
STREET ADDRESS	<b>8635 FIRWOOD DR</b>
CITY-ST-ZIP	<b>ESTERO FL</b>
TITLE	<b>TD</b> <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	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BELT, JEAN R</b>
STREET ADDRESS	<b>130 FAIRWAY CIR</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>SD</b> <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	<b>VPD</b> <input checked="" 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	<b>CD</b> <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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ARLENE BUTE</b>
1.3 STREET ADDRESS	<b>815 GULF PAVILION DRIVE #102</b>
1.4 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BEATRICE O'BRIEN</b>
3.3 STREET ADDRESS	<b>7354 SEA ISLAND ROAD</b>
3.4 CITY-ST-ZIP	<b>FT MYERS FL 33912</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PHIL SEGES</b>
5.3 STREET ADDRESS	<b>25802 COCKLE SHELL #114A</b>
5.4 CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *John F. Belt* **2-3-98** 94607 2100

CR2E037 (10/97)