


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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DASHIELL, GEORGE	
STREET ADDRESS	8635 FIRWOOD DR	
CITY-ST-ZIP	ESTERO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELT, JOHN F.	
STREET ADDRESS	130 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BELT, JEAN R	
STREET ADDRESS	130 FAIRWAY CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, CELIA	
STREET ADDRESS	22077 SEA SHORE CIR	
CITY-ST-ZIP	ESTERO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUTE, ARLENE	
STREET ADDRESS	815 GULF PAVILION DR #102	
CITY-ST-ZIP	NAPLES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NELESEN, ANNE (CHAIRMAN)	
STREET ADDRESS	18114 ADAMS CIRCLE SE	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARLENE BUTE	
1.3 STREET ADDRESS	815 GULF PAVILION DRIVE #102	
1.4 CITY-ST-ZIP	NAPLES FL 34108	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEATRICE O'BRIEN	
3.3 STREET ADDRESS	7354 SEA ISLAND ROAD	
3.4 CITY-ST-ZIP	FT MYERS FL 33912	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PHIL SEGES	
5.3 STREET ADDRESS	25802 COCKLE SHELL #114A	
5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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 2400

CR2E037 (10/97)