


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90028 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769952**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/23/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2327717
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NELESEN, ANNE 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTE, ARLENE	1.2 NAME	
STREET ADDRESS	815 GULF PAVILION DR 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELT, JOHN F.	2.2 NAME	
STREET ADDRESS	130 FAIRWAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBRIEN, BEATRICE	3.2 NAME	SD ANDERSON, OLEA
STREET ADDRESS	7354 SEA ISLAND RD	3.3 STREET ADDRESS	605 PALM VIEW DRIVE
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, CELIA	4.2 NAME	
STREET ADDRESS	22077 SEA SHORE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	4.4 CITY-ST-ZIP	ESTERO FL 33928
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGES, PHIL	5.2 NAME	
STREET ADDRESS	25802 COCKLESHELL 114A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELESEN, ANNE (CHAIRMAN)	6.2 NAME	
STREET ADDRESS	18114 ADAMS CIRCLE SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP	FT MEYERS FL 33912

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: John F. Belt 3-27-99 941-597-3499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #