## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 769952**

BONITA SPRINGS CHORUS, INC.

Principal Place of Busines
% ANNE NELESEN 18114 ADAMS CIRCLE. SE FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% ANNE NELESEN 18114 ADAMS CIRCLE. SE FORT MYERS FL 33912

## **FILED** Mar 29, 1999 8:00 am § Secretary of State

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

Applied For

3. Date Incorporated or Qualifed

08/23/1983

4. FEI Number

City & State  S. Certificate of Status Desired  See, Required  Fee Requi	22	.,, 5.55	27				59-2327717	No.	ot Applicable	
Table				City & State	tate 5. Cel			\$8.75	Additional	
Zip Country Zip Country Zip Country Span Country Zip Country Span Span Span Span Span Span Span Span	<b>—</b>	·					5. Certificate of Status Desired	Fee R	equired	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  NELESEN, ANNE  IS11 A ADMS CIRCLE, SE FORT MYERS FL 33912  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the supposintment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the suppointment as registered agent, or both, in the State of Florids, Statutes, SIGNATURE  SIGN					Country		6. Election Campaign Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	an <sup></sup> -				]			Added	to Fees	
NELESEN, ANNE  18114 ADAMS CIRCLE, SE FORT MYERS FL 33912  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 agent, or both, in the State of Florida, Statch change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Statch change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Statch change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Statches, 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, Statches, 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, Statches, 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, Statches, the appealment agent age						10. Name and Address of New Registered Agent				
18114 ADAMS CIRCLE, SE FORT MYERS FL 33912  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 his statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  T2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  SITEET ADDRESS  13. FAIRNAY CIRCLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  23. STREET ADDRESS  T3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BUTE, ARLENE  23. STREET ADDRESS  T3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELITE  13. TITLE  13. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELITE  14. TITLE  24. ADVIS T.2. BY 11.0  TO THE TO T					81	Name				
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FORT MYERS FL 33912    Sa	·					Street	Address (P.O. Box Number is Not Acceptable)			
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T1. 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 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, and familiar with, and accapt the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signaturu, lypsed or printed name of registered angent and 5th in policials.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  DELETE  11 TILE  PD  SITUE, ARLENE  SITUET, ARLENE  SITUET, ARLENE  SITUET, ARLENE  SITUET, APPLES FL. 34108  TILE  DELETE  12 YAME  23 STREET ADDRESS  130 FAIRWAY CIRCLE  23 STREET ADDRESS  33 STREET ADDRESS  33 STREET ADDRESS  34 STREET ADDRESS  34 STREET ADDRESS  35 STREET ADDRESS  35 STREET ADDRESS  36 STREET ADDRESS  36 STREET ADDRESS  36 STREET ADDRESS  37 SA SEA ISLAND RD  TILE  SD  ORN-ST-ZP  SD  OBLETE  41 TITLE  SD  ORN-ST-ZP  STREET ADDRESS  STREET AD	FURI MITERO PL 33912								Codo	
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SIGNATURE    Signature, typed or printed name of registered again and to if applicable.   (NOTE: Registered Again signature required when relevation)   DATE	office or r	egistered agent, or both, in the State	of Flor	ida. Such change was auth	orized by	the corp	oration's board of directors. I hereby accept the ap-	pointment as re	egistered	
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CITY-ST-ZIP  BONITA SPRINGS FL 34135  TITLE  CD  NAME  NELESEN,ANNE(CHAIRMAN)  STREET ADDRESS  18114 ADAMS CIRCLE SE  CITY-ST-ZIP  FORT MYERS FL  GAUTY-ST-ZIP  ACITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  ACITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.7 STREET ADDRESS  6.8 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.9 STREET ADDRESS  6.1 STREET ADDRESS  6.2 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.6 STREET ADDRESS  6.7 STREET ADDRESS  6.7 STREET ADDRESS  6.8 CITY-ST-ZIP  FORT MYERS FL  TABLE STREET ADDRESS  6.9 STREET ADDRESS  6.0 STREET	NAME	L					1			
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NAME NELESEN,ANNE(CHAIRMAN) STREET ADDRESS 18114 ADAMS CIRCLE SE CITY-ST-ZIP FOR MEYERS FL 7397  64 CITY-ST-ZIP FOR MEYERS FL 7397  64 CITY-ST-ZIP FOR MEYERS FL 7397  Further certify that the information	CITY-ST-ZIP	BONITA SPRINGS FL 34135				T-ZIP			New Address	
NELESEN,ANNE (CHAIRMAN)  STREET ADDRESS  18114 ADAMS CIRCLE SE  CITY-ST-ZIP  FT WEYERS FL 73 Q1 Z  CITY-ST-ZIP  FT WEYERS FL 73 Q1 Z  Formation stated in Section 119 07(3)(i) Florida Statutes Lituriber certify that the information	TITLE	CD		☐ DELETE	1			Change	Addition	
STREET ADDRESS 18114 ADAMS CIRCLE SE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP FORT MYERS FL 73912	NAME	NELESEN, ANNE (CHAIRMAN)			6.2 NAME		_		•	
CITY-ST-ZIP FORT MYERS FL  64 CITY-ST-ZIP TO TWEE A STATUTE AND A STATUT	STREET ADDRESS				6.3 STREET	TADDRESS	To Made on . The	21 Bar	7 :	
14. I hearthy partify 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	CITY-ST-ZIP	FORT MYERS EL			•			75711		
	4.4 I borobu	partify that the information avanlind w	th this	filing does not qualify for the	e exempt	on state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the	information	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: