


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90032 041 \*\*\*\*61.25

<b>DOCUMENT # 769952</b>					
1. Entity Name <b>BONITA SPRINGS CHORUS, INC.</b>					
Principal Place of Business 10931 FALCON CIRTCL #16 ESTERO FL 33928		Mailing Address 10931 FALCON CIRTCL #16 ESTERO FL 33928			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2327717</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLADEK, ROSE 10931 FALCON CIRTCL #16 ESTERO FL 33928</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRACKA, JOBY		NAME	Same	
STREET ADDRESS	9847 COSTA MESA LA #203		STREET ADDRESS	Same	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Same	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALFIORI, CAROL		NAME	Same	
STREET ADDRESS	3940 LEEWARD PASSAGE CT		STREET ADDRESS	Same	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Same	
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENNEY, SALLY		NAME	Same	
STREET ADDRESS	20820 HAMMOCK GREENS LN #302		STREET ADDRESS	Same	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	Same	
TITLE	CSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILTON, ANNETTE		NAME	Same	
STREET ADDRESS	20210 BURNSIDE PL #1902		STREET ADDRESS	Same	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	Same	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, BEVERLY		NAME	Same	
STREET ADDRESS	25501 TROST BL 7-42		STREET ADDRESS	Same	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	Same	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLADEK, ROSE		NAME	Same	
STREET ADDRESS	10931 FALCON CIRTCL #16		STREET ADDRESS	Same	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	Same	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rose Sladek* **ROSE SLADEK** 3/18/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #