SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # **740280** **(3)**

1. Corporation Name
BONITA SPRINGS AREA CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8801 W. TERRY ST. PO BOX 1240 BONITA SPRINGS FL 33959-1240	8801 W. TERRY ST. PO BOX 1240 BONITA SPRINGS FL 33959-1240

3. Date Incorporated or Qualified: 09/30/1977
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1694019 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Chamber of Commerce	25071 Chamber of Comm Dr
22 Suite, Apt. #, etc.: 25071 Dr.	Suite, Apt. #, etc.
23 P. O. Box 1240	27 P. O. Box 1240
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
24 Zip: 33923 — 25 County: Lee	29 Zip: 33959 — 30 County: Lee

9. Name and Address of Current Registered Agent

BELLAVANCE, ROBERT E.
8801 W. TERRY ST.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 25071 Chamber of Commerce Dr.
83
84 City: Bonita Springs, — 85 FL — Zip Code: 33923

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: Robert E. Bellavance — 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	11 TITLE	VP	☐ Change ☒ Addition
NAME	GILKEY, DENNIS	12 NAME	Vickie Helbing	
STREET ADDRESS	3451 BONITA BAY BLVD.	13 STREET ADDRESS	3791 Cracker Way	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	~~Bonita Springd, FL~~ 33923	
TITLE	VPD	21 TITLE	President	☒ Change ☐ Addition
NAME	LEPOLA, R.A.	22 NAME	R. A. Lepola	
STREET ADDRESS	8784 COMMERCE DR.	23 STREET ADDRESS	3501 Bonita Bay Blvd	
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	WAGNER, ROBERT	32 NAME		
STREET ADDRESS	25900 HICKORY BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Pres. Elect	☒ Change ☒ Addition
NAME	WELKER, TERRY	42 NAME	Dennis Cantwell	
STREET ADDRESS	9800 BONITA BEACH RD.	43 STREET ADDRESS	3501 Bonita Bay Blvd.	
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	Bontia Springs, FL 33923	
TITLE	D	51 TITLE	Vice President	☐ Change ☒ Addition
NAME	HOCHSTETLER, HENRY	52 NAME	Sharon Van Rite	
STREET ADDRESS	3940 BONITA BEACH RD.	53 STREET ADDRESS	886 110th Ave #5	
CITY-ST-ZIP	BONITA SPGS FL	54 CITY-ST-ZIP	Naples, Fl 33963	
TITLE	MDS	61 TITLE		☒ Change ☐ Addition
NAME	BELLAVANCE, ROBERT E.	62 NAME		
STREET ADDRESS	8801 WEST TERRY ST.	63 STREET ADDRESS	25071 Chamber of Commerce Drive	
CITY-ST-ZIP	BONITA SPGS FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: R. Robert Wagner — June 14, 1995 — 992-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018177

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

* FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741434** **(5)**

1. Corporation Name
SOULS HARBOR LIGHT, INC.

Principal Place of Business	Mailing Address
8117 13TH STREET TAMPA FL 33604-3235	8117 13TH STREET TAMPA FL 33604-3235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1978
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1855977 — Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Street: 7270 N.E. 138 TERRACE	26 Street: 7270 NE. 138 TERRACE
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc:
23 City & State: WILLISTON FL A	28 City & State: WILLISTON FLA
24 Zip: 32696 25 County: LEVY	29 Zip: 32696 30 County: LEVY

9. Name and Address of Current Registered Agent

CARPENTER, THERESA V.
8117-N 13TH STREET
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: Theresa V. Carpenter
82 Street Address (P.O. Box Number is Not Acceptable): 7270 N.E. 138 TERRACE
83
84 City: Williston FL 85 Zip Code: 32696

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: Theresa V. Carpenter — DATE: 6-14-95
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	11 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, THERESA V.	12 NAME		
STREET ADDRESS	8117 13TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, JULIAN D.	22 NAME		
STREET ADDRESS	8117 13TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LA RAY PASS, THERESA	32 NAME		
STREET ADDRESS	10937 OLD HILLSBORO AVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Theresa V. Carpenter — 6-14-95 — (904) 528-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THERESA V. CARPENTER — 0995

0012714