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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

Principal Place of Business

Mailing Address

BONITA SPRINGS AREA CHAMBER OF COMMERCE, INC.

**BONITA SPRINGS FL** 

VAN RITE, SHARON

886 110TH AVE #5

BONITA SPGSYFL

BELLAVANCE, RQBERT E.

25071 CHAMBER OF COMMERCE DRIVE

NAPLES FL

MOS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

25071 CHAMBER OF COMM DR 25071 CHAMBER OF COMMERCIE DR P O BOX 1240 P O BOX 1240 BONITA SPRINGS FL 34133-1240 BONITA SPRINGS FL 33923 Date Incorporated or Qualified 09/30/1977 3a. Date of Last Report 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-1694019 26 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Box Number is Not Acceptatio)
Chambel OF COMMERCE BELLAVANCE, ROBERT E. 82 25071 CHAMBER OF COMMERCE DR 83 **BONITA SPRINGS FL 33923** Zip Code 34/3 4 84 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. ted name of registered agent and u.g. il applicable (NOTE: Registered Agent signature required when reinstaling Signature, typed d ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT DELETE Change Addition 1.1 TITLE TITLE HELBING, VICKIE 1.2 NAME NAME **3791 CRACKER WAY** 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP VICE PresideNT Change Addition DELETE 2.1 TITLE TITLE LEPOLA, R.A. 2.2 NAME NAME **3501 BONITA BAY BLVD** STREET ADDRESS 2.3 STREET ADDRESS **BONITA SPRINGS FL** 600002220876--7 -06/24/97--0409400-042Addition CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE WAGNER, ROBERT \*\*\*\*\*61.25 \*\*\*\*\*61.25 3.2 NAME NAME 25900 HICKORY BLVD. STREET ADDRESS 3.3 STREET ADDRESS **BONITA SPRINGS FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition CANTWELL, DENNIS 4 2 NAME NAME 3501 BONITA BAY BLVD STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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 go poration 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 langed, or on an attachment with an address.

4.4 CITY-ST-ZIP

**5.3 STREET ADDRESS** 

EXECUTIVE DIRECTOR

NANCY P. KEEFEL

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

ALTITLE

6.2 NAME

DELETE

DELETE

Change

COMMERCE UY.

Addition

FILED

97 JUN 20 PH 2: 54

SECRETARY OF STATE