

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740280** (3)
1. Corporation Name
BONITA SPRINGS AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 25071 CHAMBER OF COMMERCE DR P O BOX 1240 BONITA SPRINGS FL 33923 US	Mailing Address 25071 CHAMBER OF COMM DR P O BOX 1240 BONITA SPRINGS FL 33959 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State SAME 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State BONITA SPRINGS, FL 28 Zip 34135 29 Country Lee
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3. Date Incorporated or Qualified 09/30/1977	4. FEI Number 59-1694019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent KEEFER, NANCY P 25071 CHAMBER OF COMMERCE DR BONITA SPRINGS FL 34134
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 34135
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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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE **1/15/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HELBBING, VICKIE
STREET ADDRESS	3791 CRACKER WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	LEPOLA, R.A.
STREET ADDRESS	3501 BONITA BAY BLVD
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, ROBERT
STREET ADDRESS	25900 HICKORY BLVD.
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	CANTWELL, DENNIS
STREET ADDRESS	3501 BONITA BAY BLVD
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	VAN RITE, SHARON
STREET ADDRESS	886 110TH AVE #5
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	ED KEEFER, NANCY P
STREET ADDRESS	25071 CHAMBER OF COMMERCE DR
CITY-ST-ZIP	BONITA SPRINGS FL 34135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PRESIDENT	
1.3 STREET ADDRESS VAN RITE, SHARON	
1.4 CITY-ST-ZIP 886-110TH AVE #5	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME FVP	
3.3 STREET ADDRESS GARDNER, Richard	
3.4 CITY-ST-ZIP PO Box 2648	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME S.V.P.	
4.3 STREET ADDRESS G. DONALD THOMSON, Esq.	
4.4 CITY-ST-ZIP 3466 BONITA BAY BLVD	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE **1/15/98**

CR2E037 (10/97)