


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 008 ****61.25

DOCUMENT # 740280 1. Entity Name BONITA SPRINGS AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 25071 CHAMBER OF COMMERCE DR BONITA SPRINGS, FL 34135 US			Mailing Address 25071 CHAMBER OF COMMERCE DR. BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1694019	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEEFER, NANCY P 25071 CHAMBER OF COMMERCE DR BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSHAW, DARREN		NAME	ROBERTSHAW, DARREN	
STREET ADDRESS	3401 BAY COMMONS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENEY, OWEN		NAME	FEENEY, OWEN	
STREET ADDRESS	24940 S TAMiami TR #202		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEEFER, NANCY P		NAME		
STREET ADDRESS	25071 CHAMBER OF COMMERCE DR		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	COB	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONGRESS, DOUG		NAME		
STREET ADDRESS	26555 S. TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAR, BRIAN		NAME	FARRAR, BRIAN	
STREET ADDRESS	28240 BENECIA BLVD		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEEIL, SABRA		NAME		
STREET ADDRESS	9990 COCONUT RD #101		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			NANCY P. KEEFER - President & CEO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		