2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# 750844

Entity Name: BONITA SPRINGS ASSISTANCE OFFICE, INC.

Current Principal Place of Business:

10322 PENNSYLVANIA AVE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 59-2337909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLANDS, LOIS
10322 PENNSYLVANIA AVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HENNELLS, SCOTT
Address: 9240 BONITA BEACH RD #200
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: MCCAW, MARK
Address: 8800 TERRINE CT. #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: JAMES, DATI
Address: 4001 TAMIAMI TRAIL N. #250
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: KERR, JAMES
Address: 9420 BONITA BEACH RD #100
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete
Name: SEACAT, SHEILA
Address: 8000 HEALTH CENTER BLVD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete
Name: PARTINGTON, KARIE
Address: P O BOX 40
City-St-Zip: BONITA SPRINGS, FL 34133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MCCAW D 01/24/2008

Electronic Signature of Signing Officer or Director — Date