

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **753022** (3)
1. Corporation Name
THE ROTARY CLUB OF BONITA SPRINGS, INC.



Principal Place of Business: **9200 BONITA BCH.RD. P.O. BOX 2207 BONITA SPRINGS FL 33959**
Mailing Address: **P. O. BOX 474 BONITA SPRINGS FL 33959 US**

3. Date Incorporated or Qualified: **06/19/1980**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-1882094** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPEAR, JOHN D.
9200 BONITA BEACH RD.
BONITA SPRINGS FL 33923**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAUMAN, ANDREW	
STREET ADDRESS	5435 BRANDY CIRCLE SW	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	HUMPHREY, HENRY	
STREET ADDRESS	26889 MCLAUGHLIN BLVD	
CITY-ST-ZIP	BONITA SPGS. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARNER, RICHARD	
STREET ADDRESS	26930 WEDGEWOOD DRIVE, STE 502	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLYNN, TERRY L	
STREET ADDRESS	800 MISTY PINES CIRCLE, STE 102	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WENDL, JOHN	
STREET ADDRESS	28140 MEADOWLARK LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWK, IRQ	
STREET ADDRESS	3739 WOODLAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUMPHREY, Henry	
1.3 STREET ADDRESS	26889 MCLAUGHLIN Blvd	
1.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARNER, Richard	
2.3 STREET ADDRESS	26930 Wedgewood Dr. #502	
2.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLYNN, Terry L.	
3.3 STREET ADDRESS	800 Misty Pines Cr. #102	
3.4 CITY-ST-ZIP	Naples, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK MCCAW	
4.3 STREET ADDRESS	8300 Buena Vista Rd.	
4.4 CITY-ST-ZIP	Fort Myers, FL 33912	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Peter Frabutt	
5.3 STREET ADDRESS	15940 Southampton Dr	
5.4 CITY-ST-ZIP	Bonita Springs FL 33923	
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 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 added in attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. McCaw / Treasurer 1/30/96 941-432-6815
Date Daytime Phone #

CR2E037 (12/95)