

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **769952**

(3)

1. Corporation Name

**BONITA SPRINGS CHORUS, INC.**



Principal Place of Business

Mailing Address

% ANNE NELESEN  
18114 ADAMS CIRCLE, SE  
FORT MYERS FL 33912

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18114 ADAMS CIRCLE, SE  
FORT MYERS FL 33912

3. Date Incorporated or Qualified  
**08/23/1983**

3a. Date of Last Report  
**06/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2327717**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELESEN, ANNE  
18114 ADAMS CIRCLE, SE  
FORT MYERS FL 33912

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MODESTINE, CHARLOTTE	
STREET ADDRESS	28758 CARMEL WAY	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BELT, JOHN F.	
STREET ADDRESS	130 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELT, JEAN R	
STREET ADDRESS	130 FAIRWAY CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CARMIN, BETTY	
STREET ADDRESS	1188 SAFARI DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHILLO, DON	
STREET ADDRESS	4501 SPRING CREEK BOX 247	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NELESEN, ANNE (CHAIRMAN)	
STREET ADDRESS	18114 ADAMS CIRCLE SE	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DASHIELL, GEORGE	
13 STREET ADDRESS	8635 FIRWOOD DRIVE	
14 CITY-ST-ZIP	ESTERO FL 33428	
21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	GARCIA, CELIA	
43 STREET ADDRESS	22077 SEASHORE CIRCLE	
44 CITY-ST-ZIP	ESTERO FL 33428	
51 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BUTE, ARLENE	
53 STREET ADDRESS	815 GOLF PAVILION DRIVE #102	
54 CITY-ST-ZIP	NAPLES FL 33907	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 941-547-3499

Date

Daytime Phone

CR2E037 (12/95)