


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 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 # **769952** (3)
1. Corporation Name
BONITA SPRINGS CHORUS, INC.



Principal Place of Business % ANNE NELESEN 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912		Mailing Address % ANNE NELESEN 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912		3. Date Incorporated or Qualified 08/23/1983	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2327717	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NELESEN, ANNE 18114 ADAMS CIRCLE, SE FORT MYERS FL 33912			10. Name and Address of New Registered Agent		
			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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASHIELL, GEORGE	1.2 NAME	ARLENE BUTE
STREET ADDRESS	8635 FIRWOOD DR	1.3 STREET ADDRESS	815 GULF PAVILION DRIVE #102
CITY-ST-ZIP	ESTERO FL	1.4 CITY-ST-ZIP	NAPLES FL 34108
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BELT, JOHN F.	2.2 NAME	
STREET ADDRESS	130 FAIRWAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELT, JEAN R	3.2 NAME	BEATRICE O'BRIEN
STREET ADDRESS	130 FAIRWAY CIR	3.3 STREET ADDRESS	7354 SEA ISLAND ROAD
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	FT MYERS FL 33912
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	GARCIA, CELIA	4.2 NAME	
STREET ADDRESS	22077 SEA SHORE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTE, ARLENE	5.2 NAME	PHIL SEGES
STREET ADDRESS	815 GULF PAVILION DR #102	5.3 STREET ADDRESS	25802 COCKLE SHELL #114A
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	NELESEN, ANNE (CHAIRMAN)	6.2 NAME	
STREET ADDRESS	18114 ADAMS CIRCLE SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	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:

[Handwritten Signature]

2-3-98 94 507 2400

CR2E037 (10/97)