

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90046 022 ****61.25

DOCUMENT # N02000005112 1. Entity Name BONSAI SOCIETY OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business PO BOX 2691 FT MYERS BEACH, FL 33932			Mailing Address PO BOX 2691 FT MYERS BEACH, FL 33932		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02112007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BODNAR, BECKY 100 ANDRE MAR DRIVE FORT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P GEHRING, JAMES 15090 LAKESIDE VIEW DR., #1502 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gehring, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMITZ, DOROTHY 3670 PATTY COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Schmitz, Dorothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28631 Clinton Lane Bonita Springs, FL 34134-3309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BODNAR, BECKY 100 ANDRE MAR DRIVE FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete GOFF, MARTHA 5017 BYGONE ST LEHIGH ACRES, FL 33971	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Bishop, Sandra C. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10961 Mahogany Row Ft. Myers, FL 33913-8152		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete GORE, JUDITH 1334 GASPARILLA DR FT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fernandez, Ernie 28631 Clinton Lane Bonita Springs, FL 34134-3309		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete LUKE, CELESTINE 661 ANCHOR DR SANIBEL, FL 33957	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Boka, Virginia 1659 White Plains Terrace North Fort Myers, FL 33903-4658		
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: <i>Sandra C. Bishop</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Sandra C. Bishop Treasurer		12Feb07 239-466-5939 <small>Date Daytime Phone</small>	

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