

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005112

FILED
Jan 31, 2009
Secretary of State

Entity Name: BONSAI SOCIETY OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

PO BOX 2691
FT MYERS BEACH, FL 33932

New Principal Place of Business:

2166-72 VIRGINIA AVE.
FT MYERS, FL 33901

Current Mailing Address:

PO BOX 2691
FT MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BODNAR, BECKY
100 ANDRE MAR DRIVE
FORT MYERS BEACH, FL 33931 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: GAHRING, JAMES
Address: 15090 LAKESIDE VIEW DR., #1502
City-St-Zip: FORT MYERS, FL 33919

Title: V () Delete
Name: GOFF, MARTHA
Address: 5017 BYGONE ST
City-St-Zip: LEHIGH ACRES, FL 339717532

Title: S () Delete
Name: BODNAR, BECKY
Address: 100 ANDRE MAR DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: T () Delete
Name: BISHOP, SANDRA C
Address: 10961 MAHOGANY RUN
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: FERNANDEZ, ERNIE
Address: 28631 CLINTON LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: BOKA, VIRGINIA
Address: 661 ANCHOR DR
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GEHRING, JAMES
Address: 15090 LAKESIDE VIEW DR., #1502
City-St-Zip: FORT MYERS, FL 33919

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

Title: () Change () Addition
Name:
Address:
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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: SANDRA C. BISHOP

TRES

01/31/2009

Electronic Signature of Signing Officer or Director

_____ Date