2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State

1. Entity Name BONITA CHURCH, INC.				01-	01-19-2007 90026 041 ****61.25			
3730 BALI LANE 373		Mailing Address 3730 BALI LANE ESTERO, FL 33928	730 BALI LANE		50000784			
غیم	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	74 01d 413 Rood #, etc.	10330 M. Suite, Apt. #, etc.	ain Dr.	01172007 CI	ng-NP CR2	E037 (12/06)		
City & State C Bonito Springs FL		City & State Bonita 5			8	 +	plied For	
		34135	74135 Country USA		5. Certificate of Status Desired			
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Register	red Agent		
HAWLEY, MARTIN E 26274 OLD 41 ROAD BONITA SPRINGS, FL 34135				Street Address (P.O. Box Number is Not Acceptable) City Bonita Springs FL Zip Code 34/35				
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE: f	gistered office or re-	equired when reinstating)	the State of Florida. I	am familiar with, 17/2007 TE	and accept	
·-···	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	• • –	Added to Fees				
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND		10	
NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, MARTIN E REV 26274 OLD 41 ROAD BONITA SPRINGS, EL 34136	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	10330 Main Bonite Springe	Dr. FL 34135	(E) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASANOVA, JESUS 26274 OLD 41 ROAD BONITA SPRINGS, FL 34135	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	37 - 43		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGER, MARK 1841 CROSSHAVEN DRIVE HIGH RIDGE, MO 63049	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	T	☐ Delete	TITLE			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		NAME STREET ADDRESS CITY-ST-ZIP					

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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 (234) 992-/94/ Data Daytime Phone •