2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007189

FILED Mar 17, 2009 Secretary of State

Entity Name: BONITA SPRINGS ASSISTANCE OFFICE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** P O BOX 16 US BONITA SPRINGS, FL 34133 FEI Number: 59-2337909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DATI, JAMES D 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES, FL 34103 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MS () Delete (X) Change () Addition LOIS, HOLLANDS GONZALEZ, MARIA Name: Name: 10322 PENNSYLVANIA AVE Address: 10322 PENNSYLVANIA AVE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: Title: () Change (X) Addition () Delete Name: MEASE, RODNEY Name: Address: Address: 4001 TAMIAMI TRAIL N. #102 City-St-Zip: City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change (X) Addition HENNELLS, SCOTT Name: Name: 9240 BONITA BCH RD #200 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: MR () Change (X) Addition Name: Name: LOPEZ, JOSE 12731 WORLD PLAZA LN BLDG #83 Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33907 Title: () Delete Title: () Change (X) Addition FAUBION, RAY Name: Name: 3451 BONITA BAY BLVD. #203 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: () Change (X) Addition BARR, EMMIE Name: Name: Address: Address: 3561 LAKEMONT DR BONITA SPRINGS, FL 34134 City-St-Zip: 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: JAMES DATI MR 03/17/2009