

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009191

FILED
Jan 16, 2009
Secretary of State

Entity Name: BONITA BLUES CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

27101 PINETRAIL CT.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27101 PINETRAIL CT.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-1094480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFEFFER, MICHAEL D MR.
27101 PINETRAIL CT.
BONITA SPRINGS, FL 34135 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: PD () Delete
Name: PFEFFER, MICHAEL D
Address: 27101 PINETRAIL CT.
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: SD () Delete
Name: BARRY, KEVIN J
Address: 25085 LUCI DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D () Delete
Name: PFEFFER, THERESA M
Address: 27101 PINETRAIL CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: AUER, JENNIFER
Address: 25085 LUCI DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BARRY, JENNIFER
Address: 25085 LUCI DR
City-St-Zip: BONITA SPRINGS, FL 34135

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: MICHAEL D. PFEFFER

MR.

01/16/2009

Electronic Signature of Signing Officer or Director

Date