

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009191

**FILED**  
**Feb 16, 2011**  
**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 ( )**

**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  
Name: PFEFFER, MICHAEL D  
Address: 27101 PINETRAIL CT.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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

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

Title: D  
Name: BARRY, JENNIFER  
Address: 25085 LUCI DR  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL D. PFEFFER

MGM

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date