

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90042 030 ****61.25

DOCUMENT # N31068

1. Corporation Name

BONITA SPRINGS CHURCH OF CHRIST, INC.

Principal Place of Business

27121 OLD 41 RD.
P. O. BOX 1995
BONITA SPRINGS FL 33959

Mailing Address

27121 OLD 41 RD.
P. O. BOX 1995
BONITA SPRINGS FL 33959



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. - Box 1995
27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/08/1989

4. FEI Number

65-0057087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHELLY, WILLIAM D
11240 TANGELO TERRACE
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SHELLY, WILLIAM D
STREET ADDRESS 11240 TANGELO TERRACE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE VD ☐ DELETE

NAME SMITH, SAM C.
STREET ADDRESS 12267 LONDONDERRY LANE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE

NAME DAVIS, SR. J.
STREET ADDRESS 27861 HACIENDA E BLVD #219-A
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE T ☐ DELETE

NAME SHELLY, WILLIAM D
STREET ADDRESS 11240 TANGELO TERRACE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DICK HIMELICK
1.3 STREET ADDRESS 4618 SIERRA LANE
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SEC. ☐ Change ☒ Addition

5.2 NAME WELDON SMITH
5.3 STREET ADDRESS 4618 SIERRA LANE
5.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-99

94-992-0520

CR2E037-(11/98)