SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37029** **(8)**

1. Corporation Name

NONPROFIT EVENTS, INC.

Principal Place of Business	Mailing Address
9838 TREASURE CAY LANE BONITA SPRINGS FL 33923	9801 TREASURE CAY LANE P.O. BOX 2288 ONITA SPRINGS FL 33923-6809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 02/07/1994
4. FEI Number: 36-3716959 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 28000 Spanish Wells Blvd.	26 311 Kautz Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Bonita Springs, FL	28 City & State: St. Charles, IL
24 Zip: 33923 25 Country: USA	29 Zip: 60174 30 Country: USA

9. Name and Address of Current Registered Agent

BOZE, JOANNA
9838 TREASURE CAY LANE SE
BONITA SPRINGS FL 33923

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J.	12 NAME	
STREET ADDRESS	5101 CAROLINE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, DAVID A.	22 NAME	
STREET ADDRESS	4051 MAIN ST	23 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KEPLEY, RICHARD B.	32 NAME	
STREET ADDRESS	9801 TREASURE CAY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRGS FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KELLY, THOMAS J	42 NAME	
STREET ADDRESS	4051 MAIN ST	43 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Secretary 7/21/95 (708) 584-6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014784