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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

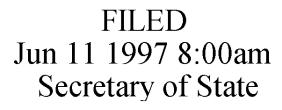
DOCUMENT #

(1)

THE BONITA SPRINGS AREA CHAMBER OF COMMERCE FOUN DATION, INC.

Principal Place of Business								
25071 CHANDED OF CONSIDERCE	r							

Mailing Address





25071 CHAMBER OF COMMERCE DR BONTTA SPRINGS FL 33823		P.O. BOX 1240 BONITA SPRINGS FL 34133-1240				
					3. Date Incorporated or Qualified 06/03/1991	3a. Date of Last Report 03/01/1996
	lace of Business	2a. Mailing Address	<u> </u>		4. FEI Number	Applied For
21		26			65-0266046	Not Applicable
I Suite Ant	#, etc.	Suite, Apt. #, etc.				CO 75
22		27			Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country			- Addoc to 1 005
24	25	29	30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032, Yes No
	9. Name and Address of Current	Registered Agent	1,001		10. Name and Address of New Reg	
			81 1	Vame A	1 11	· · · · · · · · · · · · · · · · · · ·
BELLAV	ANCE, ROBERT E				ANCY P. KEEF	eL
	CHAMBER OF COMMERCE DR		82 8	Street Addres	s (P.O. Bex Number is Not Acceptable)	P
	SPRINGS FL 33923		83	2100	11 STATABLE OF	COMMERCE DY.
00111171				_		
	·		84 (85 Zip Code
11. Pursuant t	o the provisions of Sections 617 0503	and 617 1500 Florida Ctatus	ion the share	ONON;	TA OFFINGS	
office or re	egistered agolt, or both, in the State of	of Florida. Such change was	es, the above-n authorized by th	amed corpor e corporation	ation submits this statement for the pun's board of directors. I hereby accept	urpose of changing its registered
agent. i ar	n ramiliar wint, and accept the obligat	tions of, Section 617.0503, Fig.	orida Statutes.	,		the appointment as registered
SIGNATURE _	X_!_ VU VU\\					
12.	Signature, yped or printed name of registered from OFFICERS AND		E Registered Agent s	ignature required		DATE
TITLE	P OFFICERS AND	DELETE	13.	- 1	ADDITIONS/CHANGES TO OFFICE	
NAME	GILKEY, DENNIS	. Determ	1.1 TITLE			Change Addition
STREET ADDRESS	3451 BONITA BAY BLVD.		1.2 NAME			
	BONITA SPRGS FL FL		1.3 STREET ADD	DRESS		18
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY-ST-ZI	<u> </u>		
NAME	LEPOLA, R.A.	☐ DELETE	2.1 TITLE			Change Audinon
	3501 BONITA BAY BLVD		2 2 NAME			
STREET ADDRESS	BONITA SPRINGS FL		2.3 STREET ADD	PRESS		
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	T COLUMN	2.4 CITY-ST-Z	IP		
	•	☐ DÊLETE	3.1 TITLE			Change Addition
NAME	WAGNER, ROBERT		3.2 NAME			
STREET ADDRESS	25900 HICKORY BLVD. #601		3.3 STREET ADD	RESS		
CITY-ST-ZIP	BONITA SPRGS FL		3.4. CITY-ST-Z	IP .		
TITLE	D BIOLOHINI DONNA	☐ DELETE	4.1 TITLE	- 1	-	Change Addition
NAME	BIOLCHINI, DONNA		4. 2 NAME			
STREET ADDRESS	P.O. DRAWER 1689 N/A		4.3 STREET ADD	RESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33959		4.4 CITY - ST - ZII	P		1
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	HOCHSTETLER, HENRY		5.2 NAME			1
STREET ADDRESS	3940 BONITA BEACH RD		5.3 STREET ADD	RESS		1
CITY-ST-ZIP	BONITA SPRINGS FL 33923		5.4 CITY-ST-ZIE	,		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			and tourist
STREET ADDRESS			6.3 STREET ADD	RESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIF			
	certify that the information symplical	The state given at a second second	0.4 0111-51-21			

I do nereby certify that the Information supplied with this filling 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 address.