

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N43707

1. Corporation Name

THE BONITA SPRINGS AREA CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business

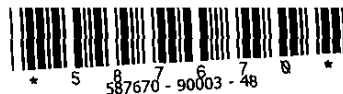
25071 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 33923

Mailing Address

25071 CHAMBER OF COMMERCE DRIVE
BONITA SPRINGS FL 34135
US

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 048 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/03/1991

4. FEI Number

65-0266046

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

KEEPER, NANCY P
25071 CHAMBER OF COMMERCE DR
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

7/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GILKEY, DENNIS
STREET ADDRESS 3451 BONITA BAY BLVD.
CITY-ST-ZIP BONITA SPRGS FL FL

TITLE P ☐ DELETE

NAME LEPOLA, R.A.
STREET ADDRESS 3501 BONITA BAY BLVD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE

NAME WAGNER, ROBERT
STREET ADDRESS 25900 HICKORY BLVD. #601
CITY-ST-ZIP BONITA SPRGS FL

TITLE D ☐ DELETE

NAME BIOLCHINI, DONNA
STREET ADDRESS P.O. DRAWER 1689 N/A
CITY-ST-ZIP BONITA SPRINGS FL 33959

TITLE D ☐ DELETE

NAME HOCHSTETLER, HENRY
STREET ADDRESS 3940 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE D ☐ DELETE

NAME DENNIS CANTWELL
STREET ADDRESS 3501 BONITA BAY BLVD
CITY-ST-ZIP BONITA SPRINGS, FL 34134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D.

MR. Richard Frederick T. Barber
7400 Tamiami Trail N. STE 200
Naples FL 34108

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 #