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

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90003 048 ****61.25

DOCUMENT # N43707

1. Corporation Name

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

587670 - 90003 - 48

Principal Place of Business	Mailing Address
25071 CHAMBER OF COMMERCE DR BONITA SPRINGS FL 33923	25071 CHAMBER OF COMMERCE DRIVE BONITA SPRINGS FL 34135 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/03/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0266046 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 Nancy P Keeper DATE 7/7/99
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	D	☑ DELETE	1.1 TITLE	D.	☐ Change ☑ Addition
NAME	GILKEY, DENNIS		1.2 NAME	MR. ~~Richard~~ Frederick T. Barber	
STREET ADDRESS	3451 BONITA BAY BLVD.		1.3 STREET ADDRESS	7400 Tamiami Trail N. STE 200	
CITY-ST-ZIP	BONITA SPRGS FL FL		1.4 CITY-ST-ZIP	Naples Fl. 34108	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEPOLA, R.A.		2.2 NAME		
STREET ADDRESS	3501 BONITA BAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, ROBERT		3.2 NAME		
STREET ADDRESS	25900 HICKORY BLVD. #601		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BIOLCHINI, DONNA		4.2 NAME		
STREET ADDRESS	P.O. DRAWER 1689 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33959		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOCHSTETLER, HENRY		5.2 NAME		
STREET ADDRESS	3940 BONITA BEACH RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		5.4 CITY-ST-ZIP		
TITLE	DENNIS CANTWELL	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	3501 BONITA BAY BLVD		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #