

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N92000000624 (8)

1. Corporation Name

BONITA SPRINGS AREA YOUTH COUNCIL, INC.



Principal Place of Business

24831 OLD 41 ROAD  
BONITA SPRINGS FL 33923

Mailing Address

24831 OLD 41 ROAD  
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified  
12/07/1992

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODERSEN, THOMAS  
4575 BONITA BEACH RD.  
BONITA SPRINGS FL 33923

81 Name

DAVID MCKEE

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

24831 OLD 41 ROAD

83

84 City

BONITA SPRINGS FL

85 Zip Code

33923

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, Chapter 617, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE  
NAME BRODERSEN, THOMAS  
STREET ADDRESS 4575 BONITA BEACH RD.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE DS ☐ DELETE  
NAME HAWK, IRA  
STREET ADDRESS 3739 WOODLAKE DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE D ☐ DELETE  
NAME PAPPALARDO, ANAIS  
STREET ADDRESS 26740 PINE AVENUE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE DP ☐ DELETE  
NAME MCKEE, DAVID  
STREET ADDRESS 24831 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David McKee / DAVID MCKEE

3/3/96

941/997-0266

Daytime Phone #

CR2E037 (12/95)