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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

24831 OLD 41 ROAD
BONITA SPRINGS FL 33923

24831 OLD 41 ROAD
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

12/07/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKEE, DAVID
24831 OLD 41 ROAD
BONITA SPRINGS FL 33923

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME DP (DIR/PRESIDENT)
1.3 STREET ADDRESS JAMES L. O'LEARY III
1.4 CITY-ST-ZIP 9220 BONITA BEACH RD. #101
BONITA SPRINGS, FL. 34135

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

2.1 TITLE
2.2 NAME DT (DIR./TREASURER)
2.3 STREET ADDRESS WILLIAM YOST
2.4 CITY-ST-ZIP 25401 HACKBAY BLVD
BONITA SPRINGS, FL. 34134

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME DV (DIR/VICE-PRES)
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

CR2E037 (10/97)