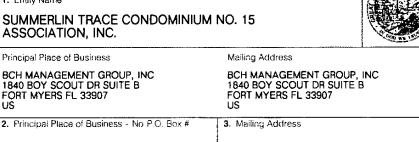
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N93000000179

## 1. Entity Name

CITY-ST-ZIP



## FILED Feb 12, 2008 8:00 am Secretary of State

02-12-2008 90012 014 \*\*\*\*61.25

Principal Place of Business BCH MANAGEMENT GROUP, INC 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-0476958 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BCH MANAGEMENT GROUP, IN Street Address (P.O. Box Number is Not Acceptable) 1840 BOY SCOUT DR SUITE B FORT MYERS FL 33907 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. mon SIGNATURE Signature, typed or printed name of recestered arrest and title if applicable Pro-stored Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition RONSKI, FRANK NAME NAME 14503 LAKEWOOD TRADE CT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-7IP STD Tille ☐ Delate TITLE Change ☐ Addition MAHAN, MICHAELEEN NAME NAME 14503-102 LAKEWOOD TRACE COURT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP VPD . 🔲 . Shanga TITLE *—*₩ Delate \_ TITLE WRONSKI, FRANK NAME NAME 14503 LAKEWOOD TRACE COURT #103 STREET ADDRESS STREET ADORESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE WRONSKI, ILONA NAME NAME STREET ADDRESS 14503 LAKEWOOD TRACE CT STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZiP ☐ Change Delete ☐ Addition TITLE IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered. 478-866-4744

CITY-ST-ZIP

FRANCIS W. WRUNSKI 5 FEB 2008 SIGNATURE