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 # N9500000981 (9)

BON EAU FOUNDATION, INC.

FILED
May 01, 1996 08:00 A
Secretary of State



	4 Duninger	Mailing Address			0111 00 111 00 111 00110 10141 10181 1101 1001
Figure 1 section of parameter					
1516 SOUTH B OSPREY FL 34	14T UH 229	OSPREY FL 34229			
				3. Date incorporated or Qualified 02/17/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address	•	4. FEI Number	Applied For
15/6	Southbery Dr.	26 1576 SK	BAY OR.		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	29	City & State	Fla	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 347	Country	Zip	Country 30 USA	8. This corporation has liability for in	ntangible tax under s. 199.032,
₁ [™] 342	29 25 USH_	29 34229	30 USH		Yes No
<u> </u>	9. Name and Address of Curren	it Registered Agent	04 None	10. Name and Address of New Re	agistered Agent
			81 Name		
1516 SOUTH BAY DR				dress (P.O. Box Number is Not Acceptable	e)
OSPREY	FL 34229		65		
•			84 City		FL 85 Zip Code
11 Durauant to	o the provisions of Sections 617.050	2 and 617,1508, Florida Statutes	s, the above-named corporate	oration submits this statement for the pur and of directors, I hereby accept the appo	pose of changing its registered offici
	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec		d by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	Millionic as registered agonic vari
SIGNATURE _	Signature typed or printed name of registered agen	Land title if apply sing. (NOT	E: Registered Agent signature requi	red when re-nstaling)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BONO, RANDALL A		1 2 NAME		
STREET ADDRESS	1516 SOUTH BAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY - ST - ZIP		Change Addition
TITLE	D	DELETE	2 1 TITLE		Change Chyonnan
NAME	BONO, JO ANNE		22 NAME		
STREET ADDRESS	1516 SOUTH BAY DR		2 3 STREET ADDRESS		
CITY - ST - ZIP	OSPREY FL 34229		2. 4 CHTY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	DELETE	31 TITLE		C
NAME	BONO, B. CHARLES		32 NAME	*	
STREET ADDRESS	1330 DIETRICH OAKS		3.3 STREET ADDRESS	.tk	
CITY-ST-ZIP	MANCHESTER MO 63021	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4.2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 City-SI-ZIP	a series and a series of	
CITY-ST-ZIP		DELETE	51 TiTLE */	4000018	
TITLE			5.2 NAME '	-05/06/9601	110000
NAME	}		5 3 STREET ADORESS	***61.25	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	61 THLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		ASS
STREET ADDRESS			6.3 STREET ADDRESS		5-1.
			64 POTY OT 710		<u> </u>
CITY-ST-ZIP	1 - 14 that the information cumpling	d with this filing is voluntarily fur	nished and does not quali	fy for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

4. I do hereby certify that the information supplied with this riling is voluntarily furnished and does not quality for the example of the 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 certify 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/4/86 Date 8139666622 Daytime Phone #