


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90023 024 \*\*\*\*61.25

<b>DOCUMENT # N97000005407</b>						
<b>1. Entity Name</b> THE FOUNDATION OF THE ROTARY CLUB OF BONITA SPRINGS, INC.						
<b>Principal Place of Business</b> HIGHLAND WOODS CC 9100 HIGHLAND WOODS BLVD BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> P.O. BOX 474 BONITA SPRINGS, FL 34133 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3468089		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  GARNER, RICHARD L 9124 BONITA BEACH ROAD BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
			<b>FL</b> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D	<b>NAME</b> GARNER, RICHARD L		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4090 MARSHVIEW CT.	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD	<b>NAME</b> MYERS, GERRY		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 9920 TREASURE CAY LANE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135	
<b>STREET ADDRESS</b> 1889 WINDING OAKS WAY	<b>CITY-ST-ZIP</b> NAPLES, FL 34109			<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> SHELLENBARGER, DAVID		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 3620 LAKEMONT DRIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4801 BONITA BAY BLVD	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b> 3531 HERON COVE COURT	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	
<b>NAME</b>	<input type="checkbox"/> Delete			<b>TITLE</b> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b> 3700 SAYBROOK PLACE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> _____			Date: 1/11/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 239-444-2867			

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

DOCUMENT # N97000005407

1. Entity Name  
THE FOUNDATION OF THE ROTARY CLUB OF BONITA  
SPRINGS, INC.



Principal Place of Business  
HIGHLAND WOODS CC  
9100 HIGHLAND WOODS BLVD  
BONITA SPRINGS, FL 34135 US

Mailing Address  
P.O. BOX 474  
BONITA SPRINGS, FL 34133 US

40004753

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3468089

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, RICHARD L  
9124 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☒ Addition

(D) MCINTOSH, STEVE  
24461 WOODSAGE DRIVE  
BONITA SPRINGS, FL 34134

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #