## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N9900003498  1. Entity Name THE ROTARY CLUB OF BONITA SPRINGS-NOON FOUNDATION, INC.					04-23-200	07 90082 018 ***	*61.25	
Principal Place of Business P.O. BOX 1092 BONITA SPRINGS, FL 34133 Principal Place of Business PO BOX 1989 BONITA SPRINGS, FL 34133			133					
- D: :: :IB		O NACISSA Address						
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	lailing Address		18181 8 <del>3</del> 111 88111 891	<b>                                    </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04192007 CH	ıg-NP	CR2E037 (12/06)		
Bon ta Sorinas FL C		City & State	City & State		2	<b>⊢</b>	oplied For ot Applicable	
2412	2 Gountry	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional	
.بد ۱۱ ت	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New R			
BALLO, DON				Name				
11680 BONITA BEACH RD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 202 BONITA S	PRINGS, FL 34135							
			City			FL Zip Cod	е	
	named entity submits this statement for the	he purpose of changing its re	egistered office or regi	sistered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
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SIGNATURE .		AND TO SECUL		a irad uban rainstation)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent and	f little if applicable (NOTE: F	Registered Agent signature rec	quired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent and Filling Fee is \$61.25  Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees		DATE lake check payable t ida Department of S		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Floi	lake check payable t	tate	
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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: STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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