

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002261

**Entity Name:** BCHS CLASS OF 1987, INC.

**Current Principal Place of Business:**

9225 GULFSHORE DR. N.  
NAPLES, FL 34108

**Current Mailing Address:**

9225 GULFSHORE DR. N.  
NAPLES, FL 34108

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGHILL, TRACY L  
3080 TAMiami TRAIL E.  
NAPLES, FL 34112 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name MOORE, MICHAEL  
Address 9225 GULFSHORE DR. N.  
City-State-Zip: NAPLES FL 34108

Title VDT  
Name COGHILL, TRACY L  
Address 9225 GULFSHORE DR. N.  
City-State-Zip: NAPLES FL 34108

Title VDS  
Name FAGIARONE, LORI C  
Address 9225 GULFSHORE DR. N.  
City-State-Zip: NAPLES FL 34108

Title VD  
Name BILLY, HEATHER W  
Address 9225 GULFSHORE DR. N.  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MOORE

PD

03/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date