

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003498

Entity Name: THE FOUNDATION OF BONITA NAPLES ROTARY, INC.**Current Principal Place of Business:**9420 BONITA BEACH ROAD
SUITE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**PO BOX 1989
BONITA SPRINGS, FL 34133 US**FEI Number:** 59-3607602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, KIM SCOTT
28702 MEGAN DRIVE
BONITA SPRINGS, FL 34135 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:** KIM S. ANDERSON

02/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BALLO, DON
Address	PO BOX 1989
City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR
Name	WIEBEL, DOUGLAS
Address	9420 BONITA BEACH ROAD SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR
Name	RUSK, MIKE
Address	4380 AURORA STREET
City-State-Zip:	NAPLES FL 34119
Title	DIRECTOR
Name	DWORKIN, LIN
Address	13055 POND APPLE DRIVE E
City-State-Zip:	NAPLES FL 34119

Title	PRESIDENT
Name	ANDERSON, KIM
Address	28702 MEGAN DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135
Title	S
Name	CEDENO, CINDY
Address	4513 AQUALINDA BLVD.
City-State-Zip:	CAPE CORAL FL 33914
Title	DIRECTOR
Name	HUNTER, SCOTT
Address	2786 OLDE CYPRESS DRIVE
City-State-Zip:	NAPLES FL 34119

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: KIM S ANDERSON

PRESIDENT

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date