

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003193

FILED
Apr 08, 2010
Secretary of State

Entity Name: BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.

Current Principal Place of Business:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

3001 TAMIAMI TRL N, STE 400
C/O CUMMINGS & LOCKWOOD
NAPLES, FL 34103 US

New Mailing Address:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135 US

FEI Number: 04-3649766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRL NORTH
SUITE 400
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: HOLLAND, EARL
Address: 15270 KILBIRNIE DR
City-St-Zip: FT MYERS, FL 33912 US

Title: DT
Name: LANCELOTT, MIKE
Address: 15292 FIDDLESTICKS BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: DVP
Name: ROGERS, JACK
Address: 15941 GLENISLE WAY
City-St-Zip: FT MYERS, FL 33912 US

Title: DS
Name: CLAIR, NANCY
Address: 15670 QUEENFERRY DRIVE
City-St-Zip: FORT MYERS, FL 33912

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: EARL HOLLAND

DP

04/08/2010

Electronic Signature of Signing Officer or Director

Date