

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003193

FILED  
Apr 02, 2012  
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:**

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

**New Mailing Address:**

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: SALLY PITLYK

AGNT

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date