2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N06000011312

Entity Name: ART OF THE OLYMPIANS FOUNDATION, INC.

Current Principal Place of Business:

25 CARROTWOOD CT
FT MYERS, FL 33919

New Principal Place of Business:

1300 HENDRY ST
FT MYERS, FL 33901

Current Mailing Address:

25 CARROTWOOD CT
FT MYERS, FL 33919

New Mailing Address:

P.O. BOX 2566
FT MYERS, FL 33902

FEI Number: 20-5915125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHERRY, MARKUS
25 CARROTWOOD CT
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SHERRY, MARKUS
1300 HENDRY ST
FT MYERS, FL 33901 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: _____ 07/10/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: OERTER, AL
Address: 25 CARROTWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete
Name: BOCHETTE, LISTON D III
Address: 25 CARROTWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete
Name: SHERRY, MARKUS
Address: 25 CARROTWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: D ( ) Delete
Name: OERTER, CATHY
Address: 25 CARROTWOOD CT
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOCHETTE, LISTON D III
Address: 1300 HENDRY ST
City-St-Zip: FT MYERS, FL 33902

Title: D (X) Change ( ) Addition
Name: SHERRY, MARKUS
Address: 1300 HENDRY ST
City-St-Zip: FT MYERS, FL 33902

Title: D (X) Change ( ) Addition
Name: OERTER, CATHY
Address: 1300 HENDRY ST
City-St-Zip: FT MYERS, FL 33902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GABRIELLE OERTER ED 07/10/2008
Electronic Signature of Signing Officer or Director — Date