

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 02, 2011**  
**Secretary of State**

DOCUMENT# N06000011312

**Entity Name:** ART OF THE OLYMPIANS FOUNDATION, INC.**Current Principal Place of Business:**1300 HENDRY ST  
FT MYERS, FL 33901**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2566  
FT MYERS, FL 33902**New Mailing Address:****FEI Number:** 20-5915125**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHERRY, MARKUS  
1300 HENDRY ST  
FT MYERS, FL 33901 US**Name and Address of New Registered Agent:**BOCHETTE, LISTON D PHD  
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: LISTON D. BOCHETTE PHD

05/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: BOCHETTE, LISTON D PHD  
Address: 1300 HENDRY ST  
City-St-Zip: FT MYERS, FL 33902

Title: D  
Name: SHERRY, MARKUS  
Address: 1300 HENDRY ST  
City-St-Zip: FT MYERS, FL 33902

Title: DC  
Name: OERTER, CATHY  
Address: 1300 HENDRY ST  
City-St-Zip: FT MYERS, FL 33902

Title: D  
Name: D'ANTONI, SHEILA  
Address: 1300 HENDRY ST  
City-St-Zip: FT MYERS, FL 33902

Title: D  
Name: BOCHETTE, JEANNE A  
Address: 1300 HENDRY ST  
City-St-Zip: FT MYERS, FL 33902

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: LISTON D BOCHETTE PHD

DCEO

05/02/2011

Electronic Signature of Signing Officer or Director

Date