

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003193

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**3058657183CC**

**Entity Name:** BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.

**Current Principal Place of Business:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD, STE 300  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD, STE 300  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 04-3649766

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLASP, INC.  
3001 TAMiami TRL NORTH  
SUITE 400  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, T  
Name BURNS, JOHN  
Address 15707 GLENISLE WAY  
City-State-Zip: FORT MYERS FL 33912

Title D, EVP  
Name ROGERS, JACK  
Address 15941 GLENISLE WAY  
City-State-Zip: FT MYERS FL 33912

Title D, S  
Name CLAIR, NANCY  
Address 15670 QUEENFERRY DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name EHINGER, WENDELL  
Address 15230 CANONGATE DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name HOROWITZ, ANDREA  
Address 15529 FIDDLESTICKS BLVD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name LANCELLOTT, MICHAEL  
Address 15292 FIDDLESTICKS BLVD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name LOBDELL, MARC  
Address 15645 FIDDLESTICKS BLVD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name MARTIN, ROBERT  
Address 15725 GLENISLE WAY  
City-State-Zip: FORT MYERS FL 33912

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*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:** JOHN BURNS

**DIRECTOR**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name NASON, CHARLES  
Address 15640 KILMARNOCK  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name VAN DER MEY, KATHERINE  
Address 15600 FIDDLESTICKS BLVD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name WOLKEN, GERALD  
Address 15550 KILBIRNIE DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title PD  
Name SMITH, ROBB  
Address 15524 FIDDLESTICKS BLVD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name WILKINSON, HARRY  
Address 8280 GLENFINNAN CIRCLE  
City-State-Zip: FORT MYERS FL 33912