

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007591

**FILED**  
**Mar 20, 2015**  
**Secretary of State**  
**CC9682720672**

**Entity Name:** ORANGE ISLAND ARTS FOUNDATION, INC.

**Current Principal Place of Business:**

ORANGE ISLAND ARTS FOUNDATION, INC.  
5544 NW 55 DR  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

ORANGE ISLAND ARTS FOUNDATION, INC.  
5544 NW 55 DR  
COCONUT CREEK, FL 33073

**FEI Number:** 47-1372745

**Certificate of Status Desired:** No

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

MCDERMOTT MATHERIC, LAURA  
5544 NW 55 DR  
COCONUT CREEK, FL 33073 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 PD  
Name MCDERMOTT MATHERIC, LAURA  
Address 5544 NW 55 DR  
City-State-Zip: COCONUT CREEK FL 33073

Title V/D  
Name MATHERIC, WALTER III  
Address 5544 NW 55 DR  
City-State-Zip: COCONUT CREEK FL 33073

Title T/D  
Name MCDERMOTT, BARBARA  
Address 804 SE 16 PL  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** LAURA MCDERMOTT MATHERIC

**EXECUTIVE DIRECTOR**

**03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date