

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N42559

Entity Name: CENTER FOR THE ARTS OF BONITA SPRINGS, INC.

Current Principal Place of Business:

26100 OLD 41 ROAD
BONITA SPRINGS, FL 34135

Current Mailing Address:

26100 OLD 41 ROAD
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0295085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDSON, RALPH A
27725 OLD 41 ROAD
SUITE 104
BONITA SPRINGS, FL 33923 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 DIRECTOR
Name MCCURDY, JACKE
Address 3341 CREEKVIEW DR
City-State-Zip: BOITA SPRINGS FL 34134

Title P
Name BRIDGES, SUSAN A
Address 9786 TREASURE CAY LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title CHAIRMAN
Name BRIERS, TOM
Address 3301 BONITA BEACH RD
306
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER
Name KLUENER, TODD
Address 8841CODY LEE RD
City-State-Zip: FT MYERS FL 33912

Title SECRETARY
Name RUSSIAN, AMY
Address 25330 GOLDCREST DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title VC
Name NESI, MARY
Address 22933 FOREST EDGE CT
City-State-Zip: BONITA SPRINGS FL 34135

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: SUSAN A. BRIDGES

PRESIDENT

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date