

**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, JACKIE  
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