2023 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		Title	CHAIRMAN
Name	THOMSON, DONALD		Name	WEINMAN, FRED
Address	3451 BONITA BAY BLVD #206		Address	26790 S TAMIAMI TRL
City-State-Zip:	BOITA SPRINGS FL 34134		City-State-Zip:	BONITA SPRINGS FL 34134
Title	SECRETARY		Title	DIRECTOR
Name	RUSSIAN, AMY		Name	SUSAN, REYNOLDS
Address	25330 GOLDCREST DR.		Address	2863 LONE PINE LANE
City-State-Zip:	BONITA SPRINGS FL 34134		City-State-Zip:	NAPLES FL 34119
Title	DIRECTOR		Title	PAST CHAIRWOMAN
Name	MCCURDY, JACQUELINE		Name	SUWYN, PATT
Address	3070 GREENFLOWER COURT		Address	26291 WOODLY DR
City-State-Zip:	BONITA SPRINGS FL 34134		City-State-Zip:	BONITA SPRINGS FL 34134
Title	EXECTUTIVE DIRECTOR			
Name	USHE, ALYONA			
Address	26100 OLD 41 RD			
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: ALYONA USHE   EXECUTIVE DIRECTOR   06/09/2023

Electronic Signature of Signing Officer/Director Detail   Date