

**2013 FLORIDA NOT FOR PROFIT CORPORATION 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 C  
Name CRAWFORD, MARYBETH  
Address 8000 HEALTH CENTER BLVD #300  
City-State-Zip: BONITA SPRINGS FL 34135

Title VC  
Name MCCURDY, JACKIE  
Address 3341 CREEKVIEW DR  
City-State-Zip: BOITA SPRINGS FL 34134

Title T  
Name ALSEPT, TERRI  
Address 26790 S TAMIAMI TRAIL  
City-State-Zip: BONITA SPRINGS FL 34134

Title AT  
Name DIXON, JOAN  
Address 27367 DUVERNAY DR  
City-State-Zip: BONITA SPRINGS FL 34135

Title AT  
Name GORMAN, CLAIRE  
Address 25541 FAIRWAY DUNES CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title P  
Name BRIDGES, SUSAN A  
Address 9786 TREASURE CAY LANE  
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 BRIDGES**

**PRESIDENT**

**02/06/2013**

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

\_\_\_\_\_  
Date