

700 584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR 20 PM 12:56
SECRETARY OF STATE
HALL ANDERSON, FLORIDA

MAR 20 2015
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2015

KATHY BOGUD
ANNA MARIA ISLAND COMMUNITY CENTER
407 MAGNOLIA AVE
ANNA MARIA, FL 34216

SUBJECT: ANNA MARIA ISLAND COMMUNITY CENTER, INC.
Ref. Number: 700584

We have received your document for ANNA MARIA ISLAND COMMUNITY CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The document must contain a statement that this change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 615A00005147

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Anna Maria Island Community Center, Inc.
Name of Corporation

DOCUMENT NUMBER: 700584

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Bogard
Name of Contact Person
Anna Maria Island Community Center
Firm/Company
407 Magnolia Avenue
Address
Anna Maria, FL 34216
City/State and Zip Code
Kathy@myamicc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Bogard at 941, 778-1908
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Anna Maria Island Community Center, Inc.
2. The principal office address: 407 Magnolia Avenue
Anna Maria, Florida 34216
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/7/1960 Document number: 7005384

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~Kristen Lessig~~ Dawn Stile
1801 Gulf Drive N #287
Bradenton Beach, FL 34217

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kristen Lessig
402 73rd Street
Anna Maria, FL 34217

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Brian Schwabert
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3-18-15
Date

If signing on behalf of an entity:

Kristen Lessig
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)