700 584

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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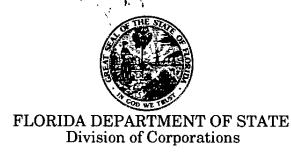


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NEURALANT OF STATE

MAR 2 0 2015 C. CARROTHERS



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

CUYER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Anna Mana 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:
Maria Sland Community Center Firm/Company HOT Magnolia Avenue Anna Maria To 34216 City/State/and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Kathy Bogacl at (941) 778-1908 Name of Contact Rerson 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

CR2E045 (03/12)

rursuant 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 Communy 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: 70055645
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)
Phistop Dawn Stiles = = =
1801 Buf Deve N #287 = 5
- 1001 Blut Deve 10 +20 / 3 5
- Briderton Beach, Pl 37011
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Kristen Lessig
402 73rd Street
P.O. Box NOT acceptable
Anna Mana, Pl 34211
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.
Selfon Blair Schrister,
Signature of an officer or director 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.
nereby confirm that the corporation has been hotified in writing of this change.
Signating of Registered Agent Date
If signing on behalf of an entity:
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)