

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749604

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BARRIER ISLAND GROUP FOR THE ARTS, INC.

**Current Principal Place of Business:**

900 DUNLOP RD  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 DUNLOP RD  
SANIBEL, FL 33957 US

**New Mailing Address:**

FEI Number: 59-1956939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, DAVID  
1648 PERIWINKLE WAY  
SUITE B  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KETTEMAN, CHARLES  
Address: 2343 WULFERT RD  
City-St-Zip: SANIBEL, FL 33957 US

Title: DMD ( ) Delete  
Name: HARDER, LEE ELLEN  
Address: 610 BOULDER DRIVE  
City-St-Zip: SANIBEL, FL 33957 US

Title: T ( ) Delete  
Name: PYLE, RICHARD  
Address: 11542 LAIKA LANE  
City-St-Zip: CAPTIVA, FL 33924 US

Title: S ( ) Delete  
Name: KAPLAN, MIRIAM  
Address: 740 DURION COURT  
City-St-Zip: SANIBEL, FL 33957 US

Title: D ( ) Delete  
Name: WILKINSON, PENNY  
Address: 3827 COQUINA DRIVE  
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete  
Name: CLARK, RALPH  
Address: 6021 CLAM BAYOU LANE  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NEES, KENNETH  
Address: 14270 ROYAL HARBOUR CT  
City-St-Zip: FT. MYERS, FL 33908 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEE ELLEN HARDER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DMD

01/14/2009

\_\_\_\_\_  
Date