2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000005494

Entity Name: NORTH FORT MYERS ACADEMY ARTS FOUNDATION, INC.

Current Principal Place of Business:

1856 ARTS WAY
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

1856 ARTS WAY
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-1665545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTINI, DOUGLAS
1838 SW 8TH COURT
CAPE CORAL, FL 33991 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: DP ( ) Delete
Name: TROUT, DEBBIE
Address: 17180 PRIMAVERA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: DV ( ) Delete
Name: FRIEDMAN, MARCIA
Address: 14650 AERIES WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DS ( ) Delete
Name: MOFFAT, CHRISTINA
Address: 5748 FLAMINGO DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: DT ( ) Delete
Name: TAYLOR, STACY
Address: 123 SE 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: SOMMER, SUSAN
Address: 13222 HEATHER RIDGE LOOP
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: JESSICA, DODSON
Address: 1050 LOVELY LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

Title: D (X) Change ( ) Addition
Name: SAMMONS, LINDA
Address: 1856 ARTS WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

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: STACY TAYLOR DT 04/14/2009

Electronic Signature of Signing Officer or Director — Date