

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42559

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: ART LEAGUE OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

26100 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

26100 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 65-0295085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARDSON, RALPH A.  
27725 OLD 41 ROAD  
SUITE 104  
BONITA SPRINGS, FL 33923 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: MCCURDY, JAQUELINE  
Address: 3341 CREEKVIEW DR  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP ( ) Delete  
Name: CRAWFORD, MARYBETH  
Address: 8000 HEALTH CENTER BLVD #300  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: COHEN, TERRI  
Address: 26790 S TAMAMI TRAIL  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PP ( ) Delete  
Name: LIGHTNER, WILLIAM  
Address: 3166 BAY CREEK RD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: AT ( ) Delete  
Name: DIXON, JOAN  
Address: 27367 DUVERNAY DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: AT ( ) Delete  
Name: GORMAN, CLAIRE  
Address: 25541 FAIRWAY DUNES CT  
City-St-Zip: BONITA SPRINGS, FL 34135

**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: ( ) 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: CLAIRE GORMAN

AT

01/30/2009

Electronic Signature of Signing Officer or Director

Date