2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42559

FILED Feb 17, 2011 Secretary of State

Entity Name: CENTER FOR THE ARTS OF BONITA SPRINGS, INC.

Current Principal Place of Business: New Principal Place of Business:

26100 OLD 41 ROAD

BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

26100 OLD 41 ROAD

BONITA SPRINGS, FL 34135 US

FEI Number: 65-0295085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RICHARDSON, RALPH A. 27725 OLD 41 ROAD SUITE 104 BONITA SPRINGS, FL 33923 US

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: C

Name: MCCURDY, JAQUELINE Address: 3341 CREEKVIEW DR

City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VC

 Name:
 CRAWFORD, MARYBETH

 Address:
 8000 HEALTH CENTER BLVD #300

 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title:

 Name:
 ALSEPT, TERRI

 Address:
 26790 S TAMIAMI TRAIL

 City-St-Zip:
 BONITA SPRINGS, FL 34134

Title: AT

 Name:
 DIXON, JOAN

 Address:
 27367 DUVERNAY DR

 City-St-Zip:
 BONITA SPRINGS, FL
 34135

Title: AT

Name: GORMAN, CLAIRE

Address: 25541 FAIRWAY DUNES CT City-St-Zip: BONITA SPRINGS, FL 34135

Title: F

Name: BRIDGES, SUSAN A
Address: 9786 TREASURE CAY LANE
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE M. GORMAN AT 02/17/2011