

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708538 (4)

1. Corporation Name
ART COUNCIL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business: 4851 DOLPHIN LANE FT MYERS BEACH FL 33931
Mailing Address: 4851 DOLPHIN LANE FT MYERS BEACH FL 33931

3. Date Incorporated or Qualified: 02/25/1965
3a. Date of Last Report: 06/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For				
					NOT APPLICABLE	Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ACKERT, ROBERT P. 4851 DOLPHIN LANE FT. MYERS BEACH FL 33931				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, ELIZABETH			1.2 NAME			
STREET ADDRESS	3402 W GULF DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TYNAN, DEE			2.2 NAME			
STREET ADDRESS	51 PEARL ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, CAROLYN			3.2 NAME			
STREET ADDRESS	180 EDGEEMERE WAY S			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRATHWOHL, JOAN			4.2 NAME			
STREET ADDRESS	1835 N FOUNTAINHEAD ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YEAKEY, DELORES			5.2 NAME			
STREET ADDRESS	1806 SE 15TH PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUINN, LORRAINE E			6.2 NAME			
STREET ADDRESS	4824 ATLANTIC CT #12			6.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4-27-96 941-772-5987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)