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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 708538 (4)

1. Corporation Name

ART COUNCIL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

4851 DOLPHIN LANE  
FT MYERS BEACH FL 33931

4851 DOLPHIN LANE  
FT MYERS BEACH FL 33931-3916

3. Date Incorporated or Qualified  
02/25/1965

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WHITE, ELIZABETH  
STREET ADDRESS 3402 W GULF DRIVE  
CITY-ST-ZIP SANIBEL FL

1.1 TITLE PD  Change  Addition  
1.2 NAME DOROTHY TOWNSEND  
1.3 STREET ADDRESS PO BOX 510441 N/A  
1.4 CITY-ST-ZIP PUNTA GORDA FL. 33951

TITLE SD  DELETE  
NAME TYNAN, DEE  
STREET ADDRESS 51 PEARL ST  
CITY-ST-ZIP FT MYERS BCH FL

2.1 TITLE D  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME HARPER, CAROLYN  
STREET ADDRESS 160 EDGEWATER WAY S  
CITY-ST-ZIP NAPLES FL

3.1 TITLE SD  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GRATHWOHL, JOAN  
STREET ADDRESS 1635 N FOUNTAINHEAD ROAD  
CITY-ST-ZIP FT MYERS FL

4.1 TITLE VD  Change  Addition  
4.2 NAME JACK FULTON  
4.3 STREET ADDRESS PO BOX 5089 N/A  
4.4 CITY-ST-ZIP FT. MYERS BCH. FLA 33932-5089

TITLE TD  DELETE  
NAME YEAKEY, DELORES  
STREET ADDRESS 1806 SE 15TH PLACE  
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME QUINN, LORRAINE E  
STREET ADDRESS 4824 ATLANTIC CT #12  
CITY-ST-ZIP CAPE CORAL FL

6.1 TITLE SD  Change  Addition  
6.2 NAME JEAN EARL  
6.3 STREET ADDRESS 14890 CRESCENT COVE DR  
6.4 CITY-ST-ZIP FT. MYERS FL 33908

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DELORES YEAKEY

APRIL 25, 1997 (941) 772-5987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067 143

CR2E037 (9/96)