2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # 708538** 1. Entity Name 02-23-2005 90062 024 ****61.25 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 2. Principal Place of Business 3. Mailing Address 14251 BOKEELIA RO Suite, Apt. #, etc. 14251 BOKEELIA RA Suite, Apt. #, etc. CR2E037 (10/04) BOKEELIA BOKEELIA Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable 7ip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATRICIA A. MALOY ACKERT, ROBERT P. Street Address (P.O. Box Number is Not Acceptable) 4851 DOLPHIN LANE FT. MYERS BEACH FL 33931 14261 BOKEELIA DD BOKEELIA 3842 0 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change ☐ Addition VREENEGOOR, ELAINE NAME 396R LAKEMONT DRIVE STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition EWELL, MARJORIE NAME NAME 3316 SE 22ND PL STREET ADDRESS STREET ADDRESS CAPE CORAL FL CATY-ST-7IP CITY-ST-7/P SD THE TITLE Delete ☐ Addition WRIGHT, PURTIA NAME NAME 1502 SUNKIST WAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Detete MALOY, PAT NAME NAME 14251 BOKEELIA RD., N.W. STREET ADDRESS STREET ADDRESS **BOKEELIA FL 33922** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE YEAKEY, DELORES NAME NAME 1806 SE 15TH PLACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCLAIN, RITA NAME NAME 7072 SPOTTED FAWN CT. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP CITY-ST-7IP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED