

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718197 (7)

1. Corporation Name

THE ART LEAGUE OF MARCO ISLAND, INC.



Principal Place of Business

Mailing Address

**1010 WINTERBERRY DRIVE
MARCO ISLAND FL 33937**

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MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified

04/15/1970

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1754367

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, JOHN R
571 S. COLLIER BLVD
MARCO ISLAND FL 33937**

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 **DPT** ☒ DELETE
NAME **HORN, CHARLES L**
STREET ADDRESS **356 ROOKERY CT.**
CITY-ST-ZIP **MARCO ISLAND FL**

11 TITLE **BPT** ☐ Change ☒ Addition
12 NAME **BEST, PETER A.**
13 STREET ADDRESS **201 Bald Eagle Dr.**
14 CITY-ST-ZIP **Marco Island, FL 33937**

TITLE **DA** ☒ DELETE
NAME **HAND, CAROL**
STREET ADDRESS **1825 LUDLOW ROAD**
CITY-ST-ZIP **MARCO ISLAND FL**

21 TITLE **DA** ☐ Change ☒ Addition
22 NAME **STOWELL, JANICE**
23 STREET ADDRESS **1427 Firwood Ct.**
24 CITY-ST-ZIP **Marco Island, FL 33937**

TITLE **DA** ☐ DELETE
NAME **DONNELLY, JUSTINE**
STREET ADDRESS **520 S COLLIER BLVD PH-B**
CITY-ST-ZIP **MARCO ISLAND FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **DA** ☐ DELETE
NAME **BUNTE, JUDI**
STREET ADDRESS **848 COLLIER CT. #404**
CITY-ST-ZIP **MARCO ISLAND FL 33933**

41 TITLE **DVP2** ☒ Change ☐ Addition
42 NAME **BUNTE, TRUDI**
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE
NAME **MADISON, KATHRYN**
STREET ADDRESS **41 E. PELICAN**
CITY-ST-ZIP **NAPLES FL 33962**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **DA** ☒ DELETE
NAME **GERNHARDT, ADELINE**
STREET ADDRESS **1721 LUDLOW ROAD**
CITY-ST-ZIP **MARCO ISLAND FL**

61 TITLE ☐ Change ☒ Addition
62 NAME **PUGH, MARNY**
63 STREET ADDRESS **848 Elkcam Circle #207**
64 CITY-ST-ZIP **Marco Island, FL 33937**

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:

Peter A. Best

Peter A. Best, Pres. 4/30/96 941/642-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)