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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718197** (7)

1. Corporation Name

**THE ART LEAGUE OF MARCO ISLAND, INC.**

Principal Place of Business

**1010 WINTERBERRY DRIVE  
MARCO ISLAND FL 33937**

Mailing Address

**1010 WINTERBERRY DRIVE  
MARCO ISLAND FL 34145-5427**



3. Date Incorporated or Qualified

**04/15/1970**

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

**34145-5427**

Country

28

Zip

**34145**

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**59-1754367**

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

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  
**34145**

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

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	BEST, PETER A	
STREET ADDRESS	201 BALD EAGLE DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	STOWELL, JANICE	
STREET ADDRESS	1427 FIRWOOD COURT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DA	<input checked="" type="checkbox"/> DELETE
NAME	DONNELLY, JUSTINE	
STREET ADDRESS	520 S COLLIER BLVD PH-B	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BUNTE, TRUDI3	
STREET ADDRESS	848 COLLIER CT. #404	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MADISON, KATHRYN	
STREET ADDRESS	41 E. PELICAN	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	PUGH, MARNY	
STREET ADDRESS	848 ELKCAM CIRCLE #207	
CITY-ST-ZIP	MARCO ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEST, PETER A.	
1.3 STREET ADDRESS	201 BALD EAGLE DRIVE	
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GANDRE, ROBERT	
2.3 STREET ADDRESS	991 NORTH BARFIELD DR. #203	
2.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
3.1 TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANE LAIRD	
3.3 STREET ADDRESS	174 SOUTH COLLIER BLVD. #401	
3.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
4.1 TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK RIDDLE	
4.3 STREET ADDRESS	1215 EDINGTON PLACE #M-4	
4.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
5.1 TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY SELLER	
5.3 STREET ADDRESS	180 SEAVIEW CT. #1005	
5.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Peter A. Best*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

941/394-4221

Daytime Phone # 0060613

CR2E037 (9/96)