2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718197

FILED Mar 20, 2009 Secretary of State

Entity Name: ART LEAGUE OF MARCO ISLAND, INC.

Current Principal Place of Business: New Principal Place of Business:

1010 WINTERBERRY DRIVE MARCO ISLAND, FL 341455427 US

Current Mailing Address: New Mailing Address:

1010 WINTERBERRY DRIVE 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 341455427 US

FEI Number: 59-1754367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL, JOHN R 606 BALD EAGLE DRIVE STE 400 MARCO ISLAND, FL 34145

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DP (X) Change () Addition MORRIS, WILLIAM G KLIPSTEIN, KEITH Name: Name: P.O. BOX 2056 Address: 1758 DOGWWOD DRIVE Address:

City-St-Zip: MARCO ISLAND, FL 34146 City-St-Zip: MARCO ISLAND, FL 34145

(X) Change () Addition Title: () Delete Title: KLIPSTEIN, KEITH Name: ELLIOTT, SANDRA Name: Address:

1630 ORLEANS CT. Address: 360 GUMBO LIMBO LANE City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: DS () Delete Title: DS (X) Change () Addition ELLIOTT, SANDRA CARRINGTON, NANCY Name: Name:

360 GUMBO LIMBO LANE 1987 SHEFFIELD AVE. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: DA () Delete Title: DΑ (X) Change () Addition

NANCY, CARRINGTON KATHY, ANDERSON Name: Name: 1987 SHEFFIELD AVE. 2212 QUEENS BLVD. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: () Change () Addition LIZ, DOYLE Name:

Name: 61 PEACH CT. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip:

Title: () Delete Title: () Change () Addition

HUDSON, INEZ Name: Name: Address: 18528 ROYAL HAMMOCK BLVD. Address: NAPLES, FL 34114 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE NEAL ED 03/20/2009