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 # 755717 (6)

1. Corporation Name

UNITED ARTS COUNCIL OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
1051 5TH AVE S SUITE 300 NAPLES FL 33940-4435 US	1051 5TH AVE S SUITE 300 NAPLES FL 33940-4435 US

3. Date Incorporated or Qualified: 12/30/1980
3a. Date of Last Report: 06/08/1995
4. FEI Number: 59-2070580 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARDILLO, JOHN P.
3550 TAMIAMI TRAIL E.
NAPLES FL 33962

10. Name and Address of New Registered Agent

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	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LANGE, GEORGE		1.2 NAME	Gamble, Marion	
STREET ADDRESS	1170 3RD ST. S., #205		1.3 STREET ADDRESS	744 Wedge Dr. #18	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAMM, TIM		2.2 NAME		
STREET ADDRESS	2430 SHADOWLAWN DR #14		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	RUMAGE, BEVERLY		3.2 NAME	Sulzer, John	
STREET ADDRESS	3115 GULF SHORE BLVD N #706		3.3 STREET ADDRESS	401 Rosemarie Lane	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COX, DOROTHY		4.2 NAME		
STREET ADDRESS	200 LIVERMORE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRUSZKA, MARY M		5.2 NAME		
STREET ADDRESS	807 RIVERPOINT DR #103D		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	STEPHENSON, CONNIE		6.2 NAME	Gorman, Greg	
STREET ADDRESS	3710 ESTEY AVENUE		6.3 STREET ADDRESS	3901 Tamiami Tr. N.	
CITY-ST-ZIP	NAPLES FL 33942		6.4 CITY-ST-ZIP	Naples, FL 33940	

CR2E037 (12/95)

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: Marion G. Gamble 3-15-96 941-434-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #