2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 755717

Entity Name: UNITED ARTS COUNCIL OF COLLIER COUNTY, INC.

Current Principal Place of Business:

501 GOODLETTE RD N
A210
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE RD N
A210
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2070580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELAINE HAMILTON
501 GOODLETTE ROAD N.
A210
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GANSEL, JEAN
Address: 9159 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: PPD ( ) Delete
Name: ONEILL, WM R
Address: 5551 RIDGEWOOD DRIVE STE 201
City-St-Zip: NAPLES, FL

Title: SD ( ) Delete
Name: GILL, MARTHA
Address: 2725 12TH ST. N.
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: DAILEY, MAURY
Address: 1307 RIVERHEAD AVENUE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: LICKHALTER, MERLIN
Address: 6825 GRENADIER BLVD. #601
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAILEY, MAURY
Address: 1307 RIVERHEAD AVENUE
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARCIC, SHIRLEE
Address: 220 S. COLLIER BLVD.
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAURY DAILEY PRES 01/06/2005
Electronic Signature of Signing Officer or Director — Date