

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90428 027 \*\*\*\*61.25

**DOCUMENT # 770891**  
 1: Entity Name  
**THE TOWER GALLERY ARTIST COOPERATIVE, INC.**



Principal Place of Business Mailing Address  
 751 TARPON BAY RD. 751 TARPON BAY RD.  
 SANIBEL FL 33957 SANIBEL FL 33957  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2547501** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
~~NASTARS, CAROL~~  
**WIGGINS, LINDA**  
**8707 S LAKE CIR**  
**FORT MYERS FL 33908**

7. Name and Address of New Registered Agent  
 Name **CAROL A. NASTARS**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~114 COUSLEY DR.~~  
**114 COUSLEY DRIVE**  
**PORT CHARLOTTE, FL**  
 City **FL** Zip Code **33952**

00761466



MOORE CR2E037 (11/03)

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carole A. Nastars  
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, CATHY 11816 QUAIL RUN DR FORT MYERS FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BEDIENT, JOANNE 869 DUGUESNE DR FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WIGGINS, LINDA 8707 S LAKE DR FORT MYERS FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COFER, LALITA 4917 SEVILLE CT CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEDIENT, JOANNE 869 DUGUESNE DR. FORT MYERS, FL. 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAD CHARLES FRESB P.O. BOX 83 SANIBEL ISLAND, FL. 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHARLES LISTER PO 9416 ARUM CT SANIBEL, FL 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARCIA YORK 18227 CUTLASS DR. FORT MYERS BEACH, FL. 33906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAROL NASTARS 114 COUSLEY DR. PORT CHARLOTTE, FL. 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carole A. Nastars 5/10/04 (741) 625-6538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #