

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007978

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE MICANOPY COMMUNITY COUNCIL FOR THE ARTS, INC.

Current Principal Place of Business:

205 CHOLAKKA BLVD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

PO BOX 633
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-3756556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUTCH, SAMUEL A
2114 NW 40TH TERRACE
GAINESVILLE, FL 32605 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: V () Delete
Name: MUNKITTRICK, KARRIE
Address: 2222 NE 12 ST
City-St-Zip: GAINESVILLE, FL 32609

Title: DT () Delete
Name: LEITNER, NANCY
Address: 10560 NW HWY 320
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: GEERS, ED
Address: 10715 SW 10TH TERR
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: BENTO, JENNIFER
Address: 5830 NW 59TH CT
City-St-Zip: OCALA, FL 34482

Title: P/D () Delete
Name: MARTIN, FRANKLYN
Address: 5084 NE HIGHWAY 316
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: JENSEN, MARGARET
Address: 11311 SE COUNTY RD 234
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BELL, FAITH
Address: 202 SW 1ST STREET
City-St-Zip: MICANOPY, FL 32667

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

Title: S (X) Change () Addition
Name: HUDSON, REBECCA
Address: 1473 NW 47TH STREET
City-St-Zip: OCALA, FL 34475

Title: D (X) Change () Addition
Name: HUDSON, JANET
Address: 5895 NW 190TH STREET
City-St-Zip: REDDICK, FL 32667

Title: D (X) Change () Addition
Name: GEERS, ED
Address: 10715 SW 10TH TERRACE
City-St-Zip: MICANOPY, FL 32667

Title: () Change () Addition
Name:
Address:
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: NANCY LEITNER

DT

04/13/2009

Electronic Signature of Signing Officer or Director

Date