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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42559

1. Corporation Name

ART LEAGUE OF BONITA SPRINGS, INC.

Principal Place of Business

27308 OLD 41 ROAD
 BONITA SPRINGS FL 34135
 US

Mailing Address

POST OFFICE BOX 1034
 BONITA SPRINGS FL 34133-034
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/19/1991

4. FEI Number

65-0295085

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

9. Name and Address of Current Registered Agent

RICHARDSON, RALPH A.
 27725 OLD 41 ROAD
 SUITE 104
 BONITA SPRINGS FL 33923

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PECHETTE, JACQUELINE	
STREET ADDRESS	24850 PENNYROYAL DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GUST, DIANA	
STREET ADDRESS	4723 OAK LEAF DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DRS	<input type="checkbox"/> DELETE
NAME	EDEY, LOIS	
STREET ADDRESS	25901 HICKORY BLVD., #402	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GORMAN, CLAIRE	
STREET ADDRESS	25541 FAIRWAY DUNES CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	JOLICOEUR, LUCILLE	
STREET ADDRESS	3330 CROSSING COURT #PH2	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	LEPRE, MARION	
STREET ADDRESS	9950 KENTUCKY ST. S.E.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	H R Wisman	
1.3 STREET ADDRESS	3668 Woodlake Dr.	
1.4 CITY-ST-ZIP	Bonita Springs FL 34134	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Bridges	
2.3 STREET ADDRESS	5989 Cypress Lane	
2.4 CITY-ST-ZIP	Bonita Springs FL 34134	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Purcell	
3.3 STREET ADDRESS	25711 Creek Bend Dr	
3.4 CITY-ST-ZIP	Bonita Springs FL 34135	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marilyn Gavigan	
4.3 STREET ADDRESS	9500 Highland Wds Blvd	
4.4 CITY-ST-ZIP	Bonita Springs FL 34135	
5.1 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jean Dixon	
5.3 STREET ADDRESS	27367 Duvernay Dr	
5.4 CITY-ST-ZIP	Bonita Springs FL 34135	
6.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Claire Gorman	
6.3 STREET ADDRESS	25541 Fairway Dunes Cr	
6.4 CITY-ST-ZIP	Bonita Springs FL 34135	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]*

Date: (991) 495-8989
 Daytime Phone #

CR2E037 (11/98)