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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40737** (1)

1. Corporation Name

**CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORPORATED**

Principal Place of Business

Mailing Address

**CULTURAL PARK BLVD  
CAPE CORAL FL 33915-1017  
US**

**P. O. BOX 151017  
CAPE CORAL FL 33915-1017**



3. Date Incorporated or Qualified

**11/08/1990**

4. FEI Number

**65-0139543**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**25** Suite, Apt. #, etc.

**26** City & State

**27** Zip

Country

**28**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMSKI, ROBERT C.  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33904**

**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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, TOM</b>	
STREET ADDRESS	<b>1403 SE 19TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE
NAME	<b>CIMMIGO, N FRANCIS</b>	
STREET ADDRESS	<b>13190 OAKMOUNT DR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>ACD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOMMERFIELD, JUNE</b>	
STREET ADDRESS	<b>106 NE 21 AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CONICELLA, JULIA</b>	
STREET ADDRESS	<b>1840 SE 40TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBI, ANNA MARIE</b>	
STREET ADDRESS	<b>3517 S.E. 19TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, ROBERT</b>	
STREET ADDRESS	<b>1838 SE 40 ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert A. Anderson* **ROBERT A. ANDERSON** 1/8/98 941-549-7244

CR2E037 (10/97)