

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708538

**Entity Name:** ART COUNCIL OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

626 SW 15TH STREET  
CAPE CORAL, FL 33991

**Current Mailing Address:**

626 SW 15TH STREET  
CAPE CORAL, FL 33991 US

**FEI Number: 74-3108054**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COOPER, DALE R  
626 SW 15TH STREET  
CAPE CORAL, FL 33991 US

*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: DALE R. COOPER**

**04/08/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MARK, SANDRA F  
Address 10010 VALIANT COURT, #201  
City-State-Zip: MIROMAR LAKES FL 33913

Title VPD  
Name OLANDER, JULIE S  
Address 27281 HIDDEN RIVER CT  
City-State-Zip: BONITA SPRINGS FL 34134

Title TD  
Name COOPER, DALE R  
Address 626 SW 15TH STREET  
City-State-Zip: CAPE CORAL FL 33991

Title CSD  
Name BRENTON, BARBARA  
Address 24797 HOLLYBRIER LANE  
City-State-Zip: BONITA SPRINGS FL 34134

Title RSD  
Name KOENIG, LAVON  
Address 19930 LAKE VISTA CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

Title VPD  
Name PAPPAS, JOHN  
Address 2825 PALM BEACH BLVD.  
APT. 502  
City-State-Zip: FT. MYERS FL 33916-1518

*I hereby 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 all other like empowered.*

**SIGNATURE: DALE R. COOPER**

**TREASURER**

**04/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date