

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752196

Entity Name: THE ARTS COUNCIL, INC.**Current Principal Place of Business:**80 E. OCEAN BLVD.
STUART, FL 34994**Current Mailing Address:**80 E. OCEAN BLVD.
STUART, FL 34994 US**FEI Number:** 59-2015691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATERS, JENNIFER
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ED
Name	TURRELL, NANCY K
Address	80 E OCEAN BLVD
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	SIMONEAU, JAMES
Address	388 NW CANNA WAY
City-State-Zip:	JENSEN BEACH FL 34957

Title	DIRECTOR
Name	YOUNG, LISA
Address	4236 SE PALMETTO STREET
City-State-Zip:	STUART FL 34997

Title	VC
Name	LOOMIS, MARYANN
Address	175 SE SAINT LUCIE BLVD APT D4
City-State-Zip:	STUART FL 34994

Title	CHAIRMAN
Name	WINTER, TOM
Address	2108 HUNTERS CLUB WAY
City-State-Zip:	PALM CITY FL 34990

Title	TREASURER
Name	CAPOZZI, NEIL E
Address	1551 N FLAGLER DRIVE #716
City-State-Zip:	WEST PALM BEACH FL 33401-3441

Title	CORRESPONDING SECRETARY
Name	SCHOONOVER , NICKI SPHR
Address	N. SCHOONOVER & ASSOC, INC PO BOX 1375
City-State-Zip:	PALM CITY FL 34991

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: NANCY TURRELL**EXECUTIVE DIRECTOR****03/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date