

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703121

FILED
Apr 11, 2006
Secretary of State

Entity Name: ART LEAGUE OF FORT MYERS, INC.

Current Principal Place of Business:

1451 MONROE STREET
FORT MYERS, FL 33902 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2255
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1003074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, JOHN A
14450 CYPRESS TRACE COURT
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PAPPAS, JOHN A
2825 PALM BEACH BLVD APT 502
FORT MYERS, FL 33916 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:

04/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CULLIMORE, TRACY
Address: 34 FALCONWOOD COURT
City-St-Zip: FORT MYERS, FL 33912 US

Title: VPD () Delete
Name: CAVANAUGH, SANDRA
Address: 12350 4TH STREET SE
City-St-Zip: FORT MYERS, FL 33905 US

Title: 2VP () Delete
Name: BARRETO, VICTOR
Address: 1350 KINGSWOOD COURT
City-St-Zip: FORT MYERS, FL 33919 US

Title: S () Delete
Name: AHLERT, PRISCILLA
Address: 4736 SANTA DEL RAE AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: T () Delete
Name: PAPPAS, JOHN A
Address: 14450 CYPRESS TRACE COURT
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: PAPPAS, JOHN A
Address: 2825 PALM BEACH BLVD APT 502
City-St-Zip: FORT MYERS, FL 33916 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A PAPPAS

T

04/11/2006

Electronic Signature of Signing Officer or Director

Date