


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 025 ****61.25

DOCUMENT # 703121 1. Entity Name ART LEAGUE OF FORT MYERS, INC.					
Principal Place of Business 1451 MONROE STREET FORT MYERS, FL 33902 US			Mailing Address P.O. BOX 2255 FORT MYERS, FL 33902 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1003074			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATKIELSKI, JAN ELLEN 8711 WESLEYAN DRIVE, #10-10 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name John A. Pappas Street Address (P.O. Box Number is Not Acceptable) 2825 Palm Beach Blvd. #502 City Fort Myers FL Zip Code 33916		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>John A. Pappas</i></u> John A. Pappas March 29, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKIELSKI, JAN G 8711 WESLEYMAN DR. #10-10 FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John A. Pappas 2825 Palm Beach Blvd. #502 Fort Myers, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURTZ, BARRY MD 12661 COCONUT CREEK CT. FORT MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWIE, RICKI 3924 HIDDEN ACRES CIRCLE SO. NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ruth Ackerman 933 Winged Foot way Cincinnati, OH 45245 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA, ALBRECHT 13171 LAKE MEADOW DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REARDOH, MARY 6568 SANDSPEAR LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John H. Schreiber 202 SW 36th Terrace Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susanne Brown 12748 Yacht Club Circle Fort Myers, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John H. Schreiber</u> John H. Schreiber 3-27-2008 239-549-4286 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ANNUAL REPORT (Continued)

D
Mary Lou DeCarlo
1624 Pine Valley Drive #302
Fort Myers, FL 33907

ATTACHMENT 40056952
#703121

D
Gail Hawley
6994 Scarboro
Fort Myers, FL 33914

D
Priscilla Jeffcoat
3209 W. Riverside Drive
Fort Myers, FL 33901

D
Marianne Keefe
10601 Sharon Drive
North Fort Myers, FL 33917

D
Barbara Chloe Murdoch
7170 Golden Eagle Court #123
Fort Myers, FL 33912

D
Peggy Starks
PO Box 50758
Fort Myers, FL 33994