2006 NOT-FOR-PROFIT CORPORATION-**ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am **DOCUMENT # 711996 Secretary of State** 1. Entity Name 02-06-2006 90092 011 ****61.25 CAPE CORAL ART LEAGUE, INC. Principal Place of Business Mailing Address 516 CULTURAL PARK BLVD. CAPE CORAL FL 33910 P.O. BOX 100707 CAPE CORAL FL 33910-0707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 23-7348129 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONICELLA, NICHOLAS M Street Address (P.O. Box Number is Not Acceptable) 1640 SE 40TH ST CAPE CORAL FL 33904 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) The state of the s FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Delete ☐ Change Addition TITLE TITLE GHORMLEY, LISETTE NAME NAME 1706 LAKEVIEW BLVD STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33903 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SIEWIERSKI, CASEY A JR NAME NAME 2119 SW 12TH TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP ☐ Change ☐ Addition TITLE CONICELLA, NICHOLAS M NAME NAME STREET ADDRESS 1640 S.E. 40TH ST. STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE KLINDWORTH, MILDRED NAME NAME STREET ADDRESS 259 DISCOVERY LANE STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP V D X Delete TITLE Change ☐ Addition TITLE TURNBULL, HELEN LINDA WILDMAN NAME NAME 9412 PALM ISLAND CIR 2810 SW 34# TERRACE STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE HINSDALE, WANYTTE NAME NAME 1316 SE 46TH ST #B3 STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: Ludalal Comme

CAPE CORAL FL 33904

CITY-ST-ZIP

FILED

1/24/06 239-549-0066