

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711996

FILED
Apr 30, 2009
Secretary of State

Entity Name: CAPE CORAL ART LEAGUE, INC.

Current Principal Place of Business:

516 CULTURAL PARK BLVD.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100707
CAPE CORAL, FL 33990

New Mailing Address:

516 CULTURAL PARK BLVD.
CAPE CORAL, FL 33990

FEI Number: 23-7348129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEHLBERG, DELORES A
2492 BELLEVILLE CT.
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILDMAN, LINDA
Address: 2810 SW 34TH TERR.
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: WEEKS, KAREN
Address: 154 SW 52ND STREET
City-St-Zip: CAPE CORAL, FL 33905

Title: TD () Delete
Name: FEHLBERG, DELORES
Address: 2492 BELLEVILLE CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: VD () Delete
Name: EHMANN, GREG
Address: 2818 SW 40TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: WILDMAN, LINDA
Address: 2810 SW 34TH TERR
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: WERDIN, JAN
Address: 304 SE 16TH TERR
City-St-Zip: CAPE CORAL, FL 33990

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DELORES A. FEHLBERG

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date