2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State
08-01-2007 90034 042 ****61.25

DOCUMENT # 715318

1. Entity Name
LEHIGH ACRES ART LEAGUE INC.

Principal Place of Business	Mailing Address
LEHIGH ACRES ART LEAGUE PO BOX 365 LEHIGH ACRES, FL 33936 US	LEHIGH ACRES ART LEAGUE PO BOX 365 LEHIGH ACRES, FL 33936 US

DO NOT WRITE IN THIS SPACE

07232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1381437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHATTUCK, TERRY
103 W LAKE ST
LEHIGH ACRES, FL 33936

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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 Terry Shattuck 7-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	O'BRIEN, MADELINE
STREET ADDRESS	10428 LAKEPORT CT
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	AT
NAME	HATHAWAY, VIOLA
STREET ADDRESS	6543 WILLOW LAKE CR.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	SD
NAME	~~BOELKEAG, SHEILA~~ DOROTHY AULT
STREET ADDRESS	~~1538 JUNIOR COURT~~ 4913 LEE CIRCLE, N
CITY-ST-ZIP	LEHIGH ACRES, FL ~~33936~~ 33971
TITLE	P
NAME	TUCKY, JOANN
STREET ADDRESS	13120 LAKE MEADOW DR
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	VP
NAME	SHATTUCK, TERRY
STREET ADDRESS	103 W LAKE ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	SECRETARY
NAME	KENWORTHY, BARBARA
STREET ADDRESS	2923 CARNABY COURT
CITY-ST-ZIP	LEHIGH ACRES, FL 33971

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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: Madeleine V. O'Brien Treas 7-27-07 (239) 369-4361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #