2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715318

FILED Jan 21, 2009 Secretary of State

Entity Name: LEHIGH ACRES ART LEAGUE INC.

Current Principal Place of Business:				New Principal Place of Business:		
LEHIGH ACRES ART LEAGUE PO BOX 365 LEHIGH ACRES, FL 33936 US				200 LELAND HEIGHTS BLVD. LEHIGH ACRES, FL 33936 US		
Current Mailing Address:				New Mailing Address:		
LEHIGH ACRES ART LEAGUE PO BOX 365 LEHIGH ACRES, FL 33936 US				P O BOX 365 LEHIGH ACRES, FL 33970 US		
FEI Number:		Number Applied For()	FEI Number Not	Applicable () Ce	ertificate of Status Desir	red ()
Name and	Address of Curre	nt Registered Agent:	Name a	and Address of New	Registered Agent:	
SHATTUCK, TERRY 103 W LAKE ST LEHIGH ACRES, FL 33936 US			12809 (FORT I	SHATTUCK, TERRY 12809 STONE TOWER LOOP FORT MYERS, FL 33913 US		
	named entity subn of Florida.	nits this statement for the pu	rpose of changii	ng its registered office	e or registered agent	, or both,
SIGNATURE:					01/21/2009	
	Electronic Si	gnature of Registered Agen	t		Date	
OFFICERS	AND DIRECTOR	S:	ADDIT	ONS/CHANGES TO	OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	T () Dele O'BRIEN, MADELINE 10428 LAKEPORT C LEHIGH ACRES, FL	: T	Title: Name: Address: City-St-Z	, ,	ange () Addition	
Title: Name: Address: City-St-Zip:	AT () Dele HATHAWAY, VIOLA 6543 WILLOW LAKE FORT MYERS, FL 3	CR.	Title: Name: Address: City-St-Z		ange()Addition	
Title: Name: Address: City-St-Zip:	SD () Dele AULT, DOROTHY 4915 LEE CIRCLE N LEHIGH ACRES, FL		Title: Name: Address: City-St-Z	, ,	ange()Addition	
Title: Name: Address: City-St-Zip:	P () Dele TUCKY, JOANN 13120 LAKE MEADO FORT MYERS, FL 3	W DR	Title: Name: Address: City-St-Z		ange ()Addition	
Title: Name: Address: City-St-Zip:	VP () Dele SHATTUCK, TERRY 12809 STONE TOW FORT MYERS, FL 3	ER LOOP	Title: Name: Address: City-St-Z	,	ange()Addition	
Title: Name: Address: City-St-Zip:	S () Dele KENWORTHY, BARE 2323 CARNABY COL LEHIGH ACRES, FL	SARA JRT	Title: Name: Address: City-St-Z	KENWORTHY, BAR 2116 BERKLEY W	ΑY	

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: MADELINE O'BRIEN T 01/21/2009