FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718197 (7)

1. Corporation Name

THE ART LEAGUE OF MARCO ISLAND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1010 WINTERBERRY DRIVE MARCO ISLAND FL 33937	1010 WINTERBERRY DRIVE MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 04/15/1970
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1754367 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL, JOHN R 571 S. COLLIER BLVD MARCO ISLAND FL 33937	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	HORN, CHARLES L	12 NAME	500001504075
STREET ADDRESS	356 ROOKERY CT.	13 STREET ADDRESS	-06/02/95--01007--013
CITY ST ZIP	MARCO ISLAND FL	14 CITY ST ZIP	*****61.25 *****61.25
TITLE	DVP	21 TITLE	DA ☒ Change ☐ Addition
NAME	HAND, CAROL	22 NAME	
STREET ADDRESS	1625 LUDLOW ROAD	23 STREET ADDRESS	
CITY ST ZIP	MARCO ISLAND FL	24 CITY ST ZIP	
TITLE	DA	31 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, JUSTINE	32 NAME	
STREET ADDRESS	520 S COLLIER BLVD PH-B	33 STREET ADDRESS	
CITY ST ZIP	MARCO ISLAND FL	34 CITY ST ZIP	
TITLE	DA	41 TITLE	DA ☐ Change ☒ Addition
NAME	ZAKOIAN, ROSEMARY	42 NAME	BUNT & TRUDI
STREET ADDRESS	176 S. COLLIER #203	43 STREET ADDRESS	4404-848 Collier Ct.
CITY ST ZIP	MARCO ISLAND FL	44 CITY ST ZIP	Marco Island, FL 33937
TITLE	DA	51 TITLE	DVP ☐ Change ☒ Addition
NAME	GUERRETTE, BEULAH	52 NAME	KATHRYN MADISON
STREET ADDRESS	1011 SWALLOW AVE. #502	53 STREET ADDRESS	41 E. Pelican
CITY ST ZIP	MARCO ISLAND FL	54 CITY ST ZIP	Naples, FL 33962
TITLE	DA	61 TITLE	☐ Change ☐ Addition
NAME	GERNHARDT, ADELINE	62 NAME	REMITTED BY MAY 1
STREET ADDRESS	1721 LUDLOW ROAD	63 STREET ADDRESS	
CITY ST ZIP	MARCO ISLAND FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/95 8:13/224/224
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Internal Page #
KATHLYN MADISON

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