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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

718197

(7)

THE ART LEAGUE OF MARCO ISLAND, INC.

11127	417 6610	OL OF MAILOUR		1110									
Principal Place of Business			Mailing Address						1) 109111 10001 flabt (8101 11010 10ft) (SI BIBII BIBII BIBI	2101 01	ISH ALAN ISA
1010 WINTERS MARCO ISLAN US		427	1010 WINTERBERRY DRIVE MARCO ISLAND FL 2000X 34145-5427			427		Date Incorporated or Qualified 04/15/1970 FEI Number			oplied For		
a b::-	VI								<u> </u>	59-1754367		N	ot Applicable
2. Principal P	lace of Busin	ness	<u> </u>	2a. Malling Address					Б.	Certificate of Status Desired			Additional
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						-	Election Campaign Financing			equired
22			27						•.	Trust Fund Contribution		dded to	May Be
City & Stat	te	·	City & State						7.	Is this nonprofit corporation a hor			
23			28							· · · · · · · · · · · · · · · · · · ·	Yes No		
Zip		Country	Ц	<u>⊢</u> , ' <u>⊢</u> ,			Country			This corporation owes or has paid			
24	A Nama	25	29		30	-			<u> </u>	Personal Property Tax due June :] No
	y, rume	and Address of Curren	it Hegia	tered Agent		81	Na	me	10.	Name and Address of New Reg	istered Agen	<u> </u>	
1881 1	N 144 P					"	INA	THO .					
HILL, JOHN R						82 Street Addr			ss (F	P.O. Box Number is Not Acceptable	θ)		
571 S. COLLIER BLVD MARCO ISLAND FL 34145							83						······································
manco	DUMU FI	L 34143											
						84	City	4			FL 85	Zip i	Code
11. Pursuant office or ragent. I a		ions of Sections 617,050 gent, or both, in the State lth, and accept the obligit or printed name of registered age								on submits this statement for the puboard of directors. I hereby accept		ging it ent as	s registered registered
12.	Signature, typed	OFFICERS AN					ent eign	ature required		n reinetating) ADDITIONS/CHANGES TO OFFICE	DATE OR AND DIDE	CTOE	21 M 2
TITLE	DP	OTTIOLIIO AIN	M DELETE			13. 1.1 TITLE DP				ADDITIONS/CHANGES TO OFFICE		hange	X Addition
NAME		PETER A				NAME			NIC	GER, MARTY S.			
STREET ADDRESS		LD EAGLE DRIVE			1.3	STREET	ADDRE			COPELAND DRIVE			
CITY-ST-ZIP	MARCO	ISLAND FL			1.4	CITY-S	T-ZIP			ISLAND FL. 34145			
TITLE	DA			⊠ DELETE			2.1 TITLE				□ C	hange	35 Addition
NAME	STOWE	ll, janice			2.2	NAME		JOH	RDT	, JEANNE			
STREET ADDRESS	1	RWOOD COURT			2.3	STREET	ADDRE	ss 187	70	APATAKI CT.			
CITY-ST-ZIP		ISLAND FL			2.	4 CITY-S	ST-ZIP			ISLAND, FL 34145			
TITLE ·	DA	****		☐ DELETE	4	TITLE					□ C	hange	Addition
NAME	LAIRD,					NAME							
STREET ADDRESS		COLLIER BLVD #401				STREET		ss					
CITY-ST-ZIP	DVP	ISLAND FL		DELETE	_	CITY-S	ST-ZIP	DVE					x Addition
TITLE NAME		TOURNS	L EXPERENT								L., C	hange	DXI ADDITION
STREET ADDRESS	BUNTE, TRUDI3 848 COLLIER CT. #404							SHELLER, MARY					
CITY-ST-ZIP		ISLAND FL				CITY-S		1 100		EAVIEW CT. #1005			
TITLE	DVP	TOWN I L		DELETE	_	TITLE	1-28	- MAR	uiU.	ISLAND, FL 34145	□с	hanoe	Addition
NAME	MADISON, KATHRYN				5.2 NAMI						_ ·		
STREET ADDRESS	41 E. PI					STREET	ADDRE	ss					
CITY-ST-ZIP	1	FL 33962				CITY-S							
TITLE	DA			DELETE		TITLE					□ C	hange	Addition
KAME	PUGH, I	MARNY				NAME						-	
STREET ADDRESS		CAM CIRCLE #207			6.3	STREET	ADDRE	ss					

14. I hereby certify that the information supplied with this filing 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.

941/394-4221

FILED

May 08 1998 8:00am

Secretary of State