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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90198 008 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 718197

1. Entity Name
ART LEAGUE OF MARCO ISLAND, INC.

24070893

Principal Place of Business	Mailing Address
1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145-5427 US	1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145 US

04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1754367
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, JOHN R
571 S. COLLIER BLVD
MARCO ISLAND, FL 34145

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	HILL, SANDRA
STREET ADDRESS	53 ALGONQUIN CT
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	DA
NAME	MARTIN, VLRIKE
STREET ADDRESS	172 ANGLER CT
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	DP
NAME	~~PATTERSON, LAVONNE~~ JOHNSON, LAVONNE
STREET ADDRESS	361 POYNESIA CT
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	DT
NAME	PATTERSON, ROSE
STREET ADDRESS	342 HENDERSON CT.
CITY ST ZIP	MARCO ISLAND, FL 34145
TITLE	DA
NAME	JENNINGS, CAROL
STREET ADDRESS	105 LA PENINSULA BLVD
CITY ST ZIP	NAPLES, FL 34113
TITLE	DS
NAME	~~HORN, CHARLES~~ HINMAN, BUD
STREET ADDRESS	~~350 ROOKERY CT~~ 645 ROCKPORT CT
CITY ST ZIP	~~MARCO ISLAND, FL~~ NARCO ISLAND, FL 34145

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12. 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 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: Christine Neal EXECUTIVE DIRECTOR 4/30/04 239 394 4221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #