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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 733109 (3)

1. Corporation Name

LEE COUNTY ALLIANCE OF THE ARTS, INC.

Principal Place of Business	Mailing Address
10091 MCGREGOR BLVD. FT MYERS FL 33919	10091 MCGREGOR BLVD. FT MYERS FL 33919-1002

3. Date Incorporated or Qualified: 06/18/1975
3a. Date of Last Report: 03/01/1996

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

4. FEI Number: 51-0182649 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLAUGHLIN, CAROL
10091 MCGREGOR BLVD
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	POWERS, BILL		1.2 NAME	WILL PRATHER	
STREET ADDRESS	17376 ORIOLE ROAD		1.3 STREET ADDRESS	BROADWAY PALM	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	1380 Colonial Blvd. Ft Myers, FL 33907	
TITLE	D	☒ DELETE	2.1 TITLE	TREASURER/DIRECTOR	☐ Change ☒ Addition
NAME	WEAVER, DEBBIE		2.2 NAME	Dick Myers	
STREET ADDRESS	12920 MEADOWOOD CT		2.3 STREET ADDRESS	24330 Sandpiper Isle Way # 107	
CITY-ST-ZIP	FORT MYERS FL 33919		2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	SD	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LAND, GLADYS		3.2 NAME	Gladys Land	
STREET ADDRESS	5531 MONTILLA DRIVE		3.3 STREET ADDRESS	5531 Montilla Dr.	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE	VP	☒ DELETE	4.1 TITLE	VP/DIRECTOR	☐ Change ☐ Addition
NAME	GILES, TOM		4.2 NAME	BILL LAWTON	
STREET ADDRESS	3532 SE 17TH PLACE		4.3 STREET ADDRESS	667 Carmelle Dr.	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	FT. Myers, FL 33919	
TITLE		☐ DELETE	5.1 TITLE	VP/DIRECTOR	☐ Change ☐ Addition
NAME			5.2 NAME	CONSUELO HOLZER	
STREET ADDRESS			5.3 STREET ADDRESS	3933 SE 19th AVE.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		☐ DELETE	6.1 TITLE	VP/DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	DAVID HUNT	
STREET ADDRESS			6.3 STREET ADDRESS	871 TOWN & RIVER DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FT MYERS FL	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Gladys Land (941) 939-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055709