FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF CORPORATIONS				Secretary of State				
DOCU 1. Corporatio	MENT #	733109	(3)			_			_ , _ ,	
LEE C	OUNTY ALL	IANCE OF THE	ARTS, INC.							
Principal Plac	ce of Business		Mailing Address							
10091 MCGREO	10091 MCGREGOR BLVD				3. Date Incorporated or Qualified					
FT MYERS FL	33919	FT MYERS FL 33919	MYERS FL 33919			06/18/1975				
							4. FEI Number		A	oplied For
2. Principal P	Place of Busines	<u> </u>	2a. Mailing Address				51-0182649			lot Applicable
21			26				5. Certificate of Status Desired			Additional Reguired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	
City & State	te		City & State				Trust Fund Contribution 7. Is this nonprofit corporation a least term of the second contribution of t	nomeowne	Added t	
23			28					☐ Yes	X No	
Zip 24	25	Country	Zip 29	Coun	try		 This corporation owes or has p Personal Property Tax due Jun 			ntangible A No
		d Address of Current		1501			10. Name and Address of New R			Z NO
81						KA	RL HOLLANDER	•		
MCLAUGHLIN, CAROL					Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
10091 MCGREGOR BLVD FORT MYERS FL 33919					13	100	91 Mc GRETOOR	BLUI	2	
10111 111	112101200	10		_	74 City		<u></u>			
84 City F7.							MYENS	FL	_ 3	Code 39/9
 Pursuant I office or re 	to the provisions egistered agent	of Sections 617.0502 or both, in the State of	and 617.1508, Florida Statu f Florida, Such change was	ites, the abo authorized	ve-named	corpor	ation submits this statement for the n's board of directors. I hereby acce	purpose o	of changing i	ts registered
	ım familiar with,	and accept the obligat	ions of, Section 617.0503, F	lorida Statut						/
SIGNATURE _	Signature, typed or po	Inted name of registered agent	and title if applicable. (NO	TE: Registered A	Agent signature	e required	HOLLADOER, EXEC. I	DATE	1/15/	98
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTOR	RS IN 12
TITLE	PD	Name :	★ DELETE	1,1 TITL					☐ Change	Addition
NAME .	PRATHER,	WILL DNIAL BLVD.		1.2 NAM						
STREET ADDRESS CITY-ST-ZIP	FT MYERS				ET ADDRESS					
TITLE	T	1 12	DELETE	1.4 CITY 2.1 TITLE		 			☐ Change	Addition
NAME	MYERS, DI	CK		2.2 NAM						
STREET ADDRESS					ET ADDRESS			d."		
CITY-ST-ZIP	BONITA SP	RINGS FL			-ST-ZIP					
TITLE	D D	DVO.	☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME CTREET LIDERES	LAND, GLA			3.2 NAM	-					
STREET ADORESS	FT. MYERS	TILLA DRIVE			ET ADDRESS					
CITY-ST-ZIP TITLE	DVP	1 L	☐ DELETE	4.1 TITLE	-ST-ZIP	00			X Change	Addition
NAME	LAWTON, E	SIC E		4, 2 NAM			UTOU, BILL		Onlarigo	
STREET ADDRESS	667 CARME				ET ADDRESS	667	CARNELE DR.			, [
CITY-ST-ZIP	FT. MYERS	FL		4.4 CITY	-ST-ZIP		MYEMS.FL			
TITLE	VPD		X DELETE	5.1 TITLE		VP			Change	X Addition
NAME	HOLZER, C			5.2 NAME			TERHOUT, CAROL	.+ -		`
STREET ADDRESS	3933 SE 19				ET ADDRESS		S COLLEGE PHWY	. 4		- <u></u> -
CITY-ST-ZIP	CAPE COR	AL TL	DELETE	5.4 CMY		F7.	NHENS, FL 33919		T CF	1 42300
TITLE NAME	vpd Hunt, dav	ın	בן טכנכוב	6.1 TITLE 6.2 NAME					L Change	Addition
STREET ADDRESS	•	& RIVER DRIVE			T ADDRESS					
OITY OT 710	ET MVEDO			0.0 STREE		l				

14. I hereby certify that the information supplied with this filling 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:

FILED

Feb 03 1998 8:00am

941-939-2787