## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#733109** 

FILED Jan 06, 2005 Secretary of State

Entity Name: LEE COUNTY ALLIANCE OF THE ARTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10091 MCGREGOR BLVD. FT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 10091 MCGREGOR BLVD. FT MYERS, FL 33919 FEI Number: 51-0182649 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SENNEFF, LOUISE SENNEFF, LOUISE 10091 MCGRECOR BLVD. 10091 MCGREGOR BLVD. FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US 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. SIGNATURE: 01/06/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRATHER, WILL Name: Name: 1380 COLONIAL BLVD. Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: SUTTON, KATHY Name: Address: 14556 NEW HAMPTON PLACE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LAWTON, BILL Name: DICKINSON, GINNY Name: 667 CARMELLE DR. 15108 PORTS OF IONA DRIVE Address: Address: City-St-Zip: FT. MYERS. FL City-St-Zip: FT. MYERS, FL 33908 ( ) Delete Title: VΡ Title: () Change () Addition Name: GOLDEN, LEE Name: Address: 2247 FIRST ST. Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GOLDMAN, BILL Name: Name: 863 S TOWN & RIVER DR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SENNEFF, LOUISE SENNEFF. LOUISE Name: Name: Address: 10091 MCGRECIR BLVD. Address: 10091 MCGREGOR BLVD. FORT MYERS, FL 33919 FORT MYERS, FL 33919 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE SENNEFF DIR 01/06/2005