

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 29, 2006 8:00 am
Secretary of State

07-27-2006 90015 014 *****8.75
08-29-2006 90003 035 *****52.50

DOCUMENT # 733109 1. Entity Name LEE COUNTY ALLIANCE OF THE ARTS, INC.					
Principal Place of Business 10091 MCGREGOR BLVD. FT MYERS FL 33919		Mailing Address 10091 MCGREGOR BLVD. FT MYERS FL 33919			
2. Principal Place of Business Suite, Apt. #, etc. <i>same</i>		3. Mailing Address Suite, Apt. #, etc. <i>same</i>			
City & State <i>same</i>		City & State <i>same</i>		4. FEI Number 51-0182649 ☐ Applied For ☐ Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SENNEFF, LOUISE 10091 MCGREGOR BLVD. FORT MYERS FL 33919				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <i>Louise Senneff</i> Louise Senneff Spec. Director 7/21/06 Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent Signature required when constituting					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRATHER, WILL 1380 COLONIAL BLVD. FORT MYERS FL 33907	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Scott Siler 4003 Palm Tree Blvd Cape Coral FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SUTTON, KATHY 14556 NEW HAMPTON PLACE FORT MYERS FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE Deirdre Mann 24 Georgetown Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DICKINSON, GINNY 15108 PORTS OF HONA DRIVE FT. MYERS FL 33908	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Katherine Boren 1029 SE 20th AVE Cape Coral, FL 33990	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDEN, LEE 2247 FIRST ST. FORT MYERS FL 33901	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Lora-hynn Chuffo 8191 College Parkway #303 Ft. Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDMAN, BILL 863 S TOWN & RIVER DR FORT MYERS FL 33919	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Orv Curry P.O. Box 40193 Ft. Myers, FL 33906	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SENNEFF, LOUISE 10091 MCGREGOR BLVD. FORT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	same	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Louise Senneff</i> Louise Senneff 7/21/06 239-939-2787 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					