61-25

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 733109

1. Entity Name

LEE COUNTY ALLIANCE OF THE ARTS, INC.

FILED
07 OCT -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 10091 MCGREGOR BLVD.<br>FT MYERS FL 33919 | 10091 MCGREGOR BLVD.<br>FT MYERS FL 33919 |

2nd MOORE CR2E037 (4/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 51-0182649 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SENNEFF, LOUISE<br>10091 MCGREGOR BLVD.<br>FORT MYERS FL 33919 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25 Due By September 5, 2007**

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<br>SILER, SCOTT<br>4003 PALM TREE BLVD<br>CAPE CORAL FL 33904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP Scott Siler<br>5741 Reims Pl.<br>Ft. Myers, FL 33919 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>MANN, DEIDRE<br>24 GEORGETOWN<br>FORT MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>100110521631<br>10/09/07--01020--021 **122.50 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BOREN, KATHERINE<br>1029 SE 20TH AVE<br>CAPE CORAL FL 33990 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CHUFFO, LARA LYNN<br>8191 COLLEGE PARKWAY #303<br>FORT MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M10/8 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CURRY, ORV<br>P.O. BOX 60193<br>FORT MYERS FL 33906 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>SENNEFF, LOUISE<br>10091 MCGREGOR BLVD.<br>FORT MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Louise Senneff Louise Senneff 9/3/07 239-939-2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #