2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 733109

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

Current Principal Place of Business:

10091 MCGREGOR BLVD.
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

10091 MCGREGOR BLVD.
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 51-0182649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENNEFF, LOUISE
10091 MCGREGOR BLVD.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

BLACK, LYDIA A
10091 MCGREGOR BLVD.
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: LYDIA A. BLACK 03/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PP ( ) Delete
Name: SILER, SCOTT
Address: 5741 REIMS PL
City-St-Zip: FT MYERS, FL 33919

Title: P ( ) Delete
Name: MANN, DEIRDRE
Address: 24 GEORGETOWN
City-St-Zip: FORT MYERS, FL 33919

Title: PE ( ) Delete
Name: BOREN, KATHERINE
Address: 1029 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete
Name: CHUFFO, LORA LYNN
Address: 8191 COLLEGE PARKWAY #303
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: CURRY, ORV
Address: P.O. BOX 60193
City-St-Zip: FORT MYERS, FL 33906

Title: C ( ) Delete
Name: LANE, JANE
Address: 10091 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change ( ) Addition
Name: MANN, DEIRDRE
Address: 24 GEORGETOWN
City-St-Zip: FORT MYERS, FL 33919

Title: P (X) Change ( ) Addition
Name: BOREN, KATHERINE
Address: 1029 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP (X) Change ( ) Addition
Name: KURTZ, ANDREW
Address: P.O. BOX 60878
City-St-Zip: FORT MYERS, FL 33906

Title: PE (X) Change ( ) Addition
Name: CURRY, ORV
Address: P.O. BOX 60193
City-St-Zip: FORT MYERS, FL 33906

Title: T (X) Change ( ) Addition
Name: MCLAREN, SHIRLEY
Address: 5523 SEVILLE ROAD
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHERINE BOREN P 03/18/2009
Electronic Signature of Signing Officer or Director — Date