

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749604

FILED
Mar 24, 2005
Secretary of State

Entity Name: BARRIER ISLAND GROUP FOR THE ARTS, INC.

Current Principal Place of Business:

900 DUNLOP RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

900 DUNLOP RD
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1956939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DAVID
1648 PERIWINKLE WAY
SUITE B
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAGORCE, DEBORAH
Address: 1018 DIXIE BEACH BLVD.
City-St-Zip: SANIBEL, FL 33957 US

Title: DMD () Delete
Name: FOWLER, ELIZABETH
Address: 1743 VENUS DRIVE
City-St-Zip: SANIBEL, FL 33957 US

Title: T () Delete
Name: FUCHS, ROBERT
Address: 15551 SHELL POINT BLVD
City-St-Zip: FT MYERS, FL 33908 US

Title: S () Delete
Name: KNIGHT, GEORGENE
Address: 20071 SANIBEL VIEW CIR #107
City-St-Zip: FT MYERS, FL 33908 US

Title: D () Delete
Name: PHILLIPS, WILLIAM
Address: 15571 SHELL POINT BLVD
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: PHILLIPS, LAVERNE
Address: 15571 SHELL POINT BLVD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: ELIZABETH FOWLER

DMD

03/24/2005

Electronic Signature of Signing Officer or Director

Date