

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755717

FILED
Jan 07, 2008
Secretary of State

Entity Name: UNITED ARTS COUNCIL OF COLLIER COUNTY, INC.

Current Principal Place of Business:

2335 TAMIAMI TRAIL NORTH
504
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2335 TAMIAMI TRAIL NORTH
504
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2070580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELAINE HAMILTON
2335 TAMIAMI TRAIL NORTH
504
NAPLES, FL 34103 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: PD () Delete
Name: RAY, TOM
Address: 7299 STONEGATE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BRINGARDNER, TOM
Address: 2220 IMPERIAL GOLF COURSE BLVD.
City-St-Zip: NAPLES, FL 34110 US

Title: D () Delete
Name: ROSENBAUM, JODY
Address: 211 FORREST LANE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: KRAGH, MATTHEW
Address: 1686 BLUEPOINT AVE A3
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LICKHALTER, MERLIN
Address: 6825 GRENADIER BLVD. #601
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAY, TOM
Address: 7299 STONEGATE
City-St-Zip: NAPLES, FL 34109

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

Title: D (X) Change () Addition
Name: SOREY, DELORES
Address: 220 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change () Addition
Name: KHORASANTCHI, MALLY
Address: 8930 BAY COLONY DRIVE #1503
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change () Addition
Name: LICKHALTER, MERLIN
Address: 6825 GRENADIER BLVD. #601
City-St-Zip: NAPLES, FL 34108

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: MERLIN LICKHALTER

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date