

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90011 011 ****61.25

0060889

DOCUMENT # 760391

1. Corporation Name

CREATIVE CRAFT CO-OP, INC.

Principal Place of Business

5855 TALLOWOOD CIR SW
FT MYERS FL 33919
US

Mailing Address

5855 TALLOWOOD CIR SW
FT MYERS FL 33919
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/13/1981

4. FEI Number

65-0043241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOSTER, V.C.
5855 TALLOWOOD CIRCLE SW
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VPD
NAME WILLIS, BETTY
STREET ADDRESS 5266 NAUTILUS DR
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE TD
NAME FOSTER, V.C.
STREET ADDRESS 5855 TALLOWOOD CIRCLE
CITY-ST-ZIP FT. MYERS FL 33919

TITLE PD
NAME BEATTY, CLEON
STREET ADDRESS 144 EVERGREEN DR.
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE SD
NAME OPTENBERG, CLAUDIA
STREET ADDRESS 19149 INDIANWELLS COURT NW
CITY-ST-ZIP NORTH FT. LAUDERDALE FL 33903

TITLE D
NAME YOUNG, BILL
STREET ADDRESS 4391 23RD PLACE SW
CITY-ST-ZIP NAPLES FL 33999

TITLE D
NAME LINDSLY, IRMA
STREET ADDRESS 2329 QUEENS WAY
CITY-ST-ZIP NAPLES FL 33962

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME **WILLS, BETTY**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **correction**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FOSTER 1/24/99 941-489-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)