

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91010 034 \*\*\*\*61.25

**DOCUMENT # 760391**

1. Entity Name

**CREATIVE CRAFT CO-OP, INC.**



Principal Place of Business

**4509 BACKWOOD LAKE DR  
NAPLES FL 34112  
US**

Mailing Address

**4509 BEECHWOOD LAKE DR  
NAPLES FL 34112  
US**

2. Principal Place of Business

**P.O. Box 1265**

3. Mailing Address

**P.O. Box 1265**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ESTERO, FLA**

City & State

**ESTERO FLA**

4. FEI Number **65-0043241**

Applied For

☒ Not Applicable

Zip

**33928**

Country

**Lee**

Zip

**33928**

Country

**Lee**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WAHL, WF  
4509 BEECHWOOD LAKE DR  
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **LYNN DANKO**

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

**4925 Royal Palm Dr**

**P.O. Box 236**

City **ESTERO**

FL

Zip Code

**33928**

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

**Lynn D Danko Treasurer**

**3-17-2003**

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**

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

TITLE **VPD** ☐ Delete  
NAME **WILLS, BETTY**  
STREET ADDRESS **5286 NAUTILUS DR**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☒ Delete  
NAME **WAHL, W F**  
STREET ADDRESS **4509 BEACHWOOD LANE DR N**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☐ Delete  
NAME **NUTTER, BARBARA**  
STREET ADDRESS **13 COVES END DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Delete  
NAME **NUTTER, BARBARA**  
STREET ADDRESS **13 COVES END DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **PD** ☐ Delete  
NAME **LYNN, DANKO**  
STREET ADDRESS **P. O. BOX 236**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **LINDA LONG**  
CITY-ST-ZIP **5 GARDEN DRIVE**  
**FT. MYERS FLA 33908**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**Lynn D Danko**

**3-17-2003**

**239-992-3311**

CR2E037 (10/02)