

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# N00000005173

Entity Name: COLOURS SCHOOL OF THE ARTS OF SOUTH WEST FLORIDA INC.

**Current Principal Place of Business:**

2241/43 FOWLER STREET  
FT MYERS, FL 33901

**New Principal Place of Business:**

DR. CARRIE ROBINSON CTR. 2990 EDISON AVE  
FT MYERS, FL 33916 US

**Current Mailing Address:**

2241/43 FOWLER STREET  
FT MYERS, FL 33901

**New Mailing Address:**

P.O. BOX 1117  
FT MYERS, FL 33902 US

FEI Number: 65-1091166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILL-HENTON, SHARON I  
2241/43 FOWLER STREET  
FT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

HILL-FERGUSON, SHARON I  
DR. CARRIE ROBINSON CTR. 2990 EDISON AVE  
FT MYERS, FL 33916 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: SHARON HILL-FERGUSON      07/06/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: HILL-HENTON, SHARON  
Address: 1706 14TH STREET E  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VPD ( ) Delete  
Name: MATHEWS WILLIAMS, JACQUIE  
Address: 217 SW 10TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: SD ( ) Delete  
Name: PACETTI, CRISTINE H  
Address: 7131 PHILIPS CREEK CT  
City-St-Zip: FT MYERS, FL 33908

Title: TD ( ) Delete  
Name: KING, KENNETH  
Address: 106 ORTONA STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: JUNE, VINCENT G PHD  
Address: 1801 BRANTLEY ROAD # 205  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: FERGUSON, SANFORD  
Address: 2363 UNION STREET  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ED (X) Change ( ) Addition  
Name: HILL-FERGUSON, SHARON  
Address: 1706 14TH STREET E  
City-St-Zip: LEHIGH ACRES, FL 33972

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

Title: SD (X) Change ( ) Addition  
Name: SANTINI, BETH  
Address: 6146 WHISKEY CREEK DRIVE  
City-St-Zip: FT MYERS, FL 33919

Title: AD (X) Change ( ) Addition  
Name: CHRISTINE, PEETE  
Address: P.O. BOX 518  
City-St-Zip: FORT MYERS, FL 33902

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: SHARON HILL-FERGUSON      ED      07/06/2004  
Electronic Signature of Signing Officer or Director      Date