

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005173

FILED
Jun 29, 2005
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1091166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILL-FERGUSON, SHARON I
DR. CARRIE ROBINSON CTR. 2990 EDISON AVE
FT MYERS, FL 33916 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: ED () Delete
Name: HILL-FERGUSON, 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: SANTINI, BETH
Address: 6146 WHISKEY CREEK DRIVE
City-St-Zip: FT MYERS, FL 33919

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

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: () 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: SHARON HILL-FERGUSON

ED

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date