

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005173

FILED
Jun 14, 2008
Secretary of State

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

Current Principal Place of Business:

1706 14TH STREET E
LEHIGH ACRES, FL 33972 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, SHARON I
1706 14TH STREET E
LEHIGH ACRES, FL 33972 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, SHARON I
Address: 1706 14TH STREET E
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD () Delete
Name: WILLIAMS, STACY L
Address: 3210 SUNSHINE BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

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: 12340-4 WOODROSE CT.
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: LORI, MADL
Address: 1507-4 PARK MEADOWS DRIVE
City-St-Zip: FORTMYERS, FL 33907

Title: D () Delete
Name: SCOTT, RALIEGH
Address: 5338 BENTON STREET
City-St-Zip: LEHIGH ACRES, FL 33971

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: D (X) Change () Addition
Name: HOUSE, JACQUELINE D
Address: 1940 MARAVILLA COURT
City-St-Zip: FORT MYERS, FL 33901 US

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

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: SHARON I HILL

ED

06/14/2008

Electronic Signature of Signing Officer or Director

_____ Date