

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004846

FILED  
Jan 23, 2010  
Secretary of State

**Entity Name:** ARTFEST FORT MYERS INC.

**Current Principal Place of Business:**

2443 FIRST ST.  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2443 FIRST ST.  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-1119729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCALLISTER, SHARON  
2443 FIRST ST.  
FORT MYERS, FL 33901 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:** PD  
**Name:** MCALLISTER, SHARON  
**Address:** 1920 VIRGINIA AVE #1103  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** D  
**Name:** WOOLAM, KRISTIN  
**Address:** 1254 BRAMAN AVE.  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** D  
**Name:** MATISON, TONA  
**Address:** 5190 AVENIDA PRINERA  
**City-St-Zip:** TUSCON, AZ 85704

**Title:** D  
**Name:** WEINER, JUDY  
**Address:** 834 56TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** D  
**Name:** CALKINS, TERESA  
**Address:** 8400 AQUA COVE LANE  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

**SIGNATURE:** SHARON MCALLISTER

PRES

01/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date