

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007978

FILED
Jan 20, 2006
Secretary of State

Entity Name: THE MICANOPY COMMUNITY COUNCIL FOR THE ARTS, INC.

Current Principal Place of Business:

252 SMITH ST
MICANOPY, FL 32667

New Principal Place of Business:

CHOLAKKA BLVD
MICANOPY, FL 32667

Current Mailing Address:

PO BOX 633
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 59-3756556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUTCH, SAMUEL A
2114 NW 40TH TERRACE
GAINESVILLE, FL 32605 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: DP () Delete
Name: TRIEBE, LINDA
Address: 252 SMITH ST
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: HARRIS, KAT
Address: PO BOX 1853
City-St-Zip: HAWTHORNE, FL 32667

Title: DT () Delete
Name: KOLIFRATH, ALANA
Address: 104 NE WEAVER RUN
City-St-Zip: MICANOPY, FL 32667

Title: D (X) Delete
Name: OSBORNE, LUKE
Address: 153 SEMINARY
City-St-Zip: MICANOPY, FL 32667

Title: T (X) Delete
Name: KOLIFRATH, ALANA
Address: 104 NE WEAVER RUN
City-St-Zip: MICANOPY, FL 32667

Title: S (X) Delete
Name: GEERS, ED
Address: 10715 SW 10TH TERR
City-St-Zip: MICANOPY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HARRIS, KAT
Address: PO BOX 1853
City-St-Zip: HAWTHORNE, FL

Title: DT (X) Change () Addition
Name: KOLIFRATH, ALANA
Address: 104 NE WEAVER RUN
City-St-Zip: MICANOPY, FL 32667

Title: S (X) Change () Addition
Name: GEERS, ED
Address: 10715 SW 10TH TERR
City-St-Zip: MICANOPY, FL 32667

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 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: ALANA KOLIFRATH

T

01/20/2006

Electronic Signature of Signing Officer or Director

Date