

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90041 022 ****61.25

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1. Entity Name

**THE MICANOPY COMMUNITY COUNCIL FOR THE ARTS,
INC.**



Principal Place of Business

**205 CHOLAKKA BLVD
MICANOPY FL 32667**

Mailing Address

**PO BOX 633
MICANOPY FL 32667**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3756556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUTCH, SAMUEL A
2114 NW 40TH TERRACE
GAINESVILLE FL 32605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MINKITTRICK, KARRIE**
CITY-ST-ZIP **2222 NE 12 ST
GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **LEITNER, NANCY**
CITY-ST-ZIP **10560 NW HWY 320
MICANOPY FL 32667**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GEERS, ED**
CITY-ST-ZIP **10715 SW 10TH TERR
MICANOPY FL 32667**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BENTO, JENNIFER**
CITY-ST-ZIP **5830 NW 59TH CT
OCALA FL 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **MUNKITTRICK, KARRIE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P/D**
STREET ADDRESS **MARTIN, FRANKLYN**
CITY-ST-ZIP **5084 NE HIGHWAY 3W
CITRA FL 32113**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JENSEN, MARGARET**
CITY-ST-ZIP **11311 SE COUNTY RD 234
MICANOPY FL 32667**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Leitner **NANCY LEITNER**

17 March 2008

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