

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

01-24-2003 90107 044 ****61.25

DOCUMENT # N02000001189

1. Entity Name
SANIBEL-CAPTIVA ART LEAGUE, INC.



Principal Place of Business
**3273 TWIN LAKES LANE
SANIBEL FL 33957**

Mailing Address
**PO BOX 1192
SANIBEL FL 33957**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip Country

Zip Country

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

**JOHNS, CAROLYN
3273 TWIN LAKES LANE
SANIBEL FL 33957**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **JOHNS, CAROLYN**
STREET ADDRESS **3273 TWIN LAKES LANE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **WEISE, BETTY**
STREET ADDRESS **1774 BUNTING LANE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **S** Change Addition
NAME **HARRIES, ELEANOR**
STREET ADDRESS **513 LAKE MUREX CIRCLE**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **T** Delete
NAME **GIBSON, JEAN**
STREET ADDRESS **11408 OAKMONT COURT**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **T** Change Addition
NAME **RICHARD SMITH**
STREET ADDRESS **9436 YUCCA CT.**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Richard C. Smith **RICHARD C. SMITH**

JAN 20, 03

239-492-6531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)