

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90093 043 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # N04000003935 1. Entity Name SOUTHSHORE ARTS COUNCIL, INC. | | | | | |
| Principal Place of Business 2203 NORTH CREEK CT SUN CITY CENTER, FL 33573 | | | Mailing Address 2203 NORTH CREEK CT SUN CITY CENTER, FL 33573 | | |
| 2. Principal Place of Business - No P.O. Box # 218 6th Ave SW Suite, Apt. #, etc. | | 3. Mailing Address 218 6th Ave SW Suite, Apt. #, etc. | | | |
| City & State Ruskin, FL Zip 33570 | | City & State Ruskin FL Zip 33570 | | 4. FBI Number 72-1582347 | |
| Country Hillsborough | | Country Hillsborough | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RESSEGUIE, LEW 2208 N CREEK CT SUN CITY CENTER, FL 33573 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u><i>[Signature]</i></u> <u><i>Anne L Madden</i></u> <u><i>President</i></u> <u><i>8 March 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RESSEQUIE, LEW 2203 N CREEK CT SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Madden, Anne L 218 6th Ave SW Ruskin, FL 33570 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MADDEN, ANNE 205 US HWY 41 S RUSKIN, FL 33570 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Beth Howard PO Box 534 Ruskin FL 33575 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COUNCIL, SANDY 1203 FIRST ST SW RUSKIN, FL 33570 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALZAER, JACK 1101 CALLE ROSE PL SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICHOLS, SALLY 3932 UPPER CREEK DR SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <u><i>Anne L Madden</i></u> <u><i>8 March 2007</i></u> / <u><i>813-685/8732</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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