

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90120 006 ****70.00

DOCUMENT # N04000004922

1. Entity Name
ARTS ALLIANCE OF LEMON BAY, INC.



Principal Place of Business
**245 CEDAR STREET
ENGLEWOOD, FL 34223**

Mailing Address
**245 CEDAR STREET
ENGLEWOOD, FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
56-2460291

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

**COLBURN, JR., HARRY S
444 WEST DEARBORN STREET
ENGLEWOOD, FL 34223**

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 ☒ N/A

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

(NOTE: Registered Agent signature required when reinstating)

March 22, 2006

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME KESTER, THOMAS
STREET ADDRESS 245 CEDAR STREET
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Change ☒ Addition
NAME John Radkins
STREET ADDRESS 1816 Bridge Street
CITY-ST-ZIP Englewood, FL 34223

TITLE VPSD ☒ Delete
NAME HAVERLOCK, BRIAN
STREET ADDRESS 535 ARTISTS AVE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Change ☒ Addition
NAME William Tryder
STREET ADDRESS 185 Winson Avenue
CITY-ST-ZIP Englewood, FL 34223

TITLE D ☐ Delete
NAME WENDER, ANDREW
STREET ADDRESS 225 OLD ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE SD ☐ Change ☒ Addition
NAME Martha Demetriou
STREET ADDRESS 175 Cedar Street
CITY-ST-ZIP Englewood, FL 34223

TITLE VPD ☒ Delete
NAME BECKSTEAD, LORI S
STREET ADDRESS 495 W PRRY STREET
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME LEE, DEBORAH (see change)-----
STREET ADDRESS 1151 LARCHMONT DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE NAME-----from D to VPD ☒ Change ☐ Addition
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 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: *Deborah Lee* Deborah Lee, vp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 473-7790
March 22, 2006
Date Daytime Phone #