


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 040 ****70.00

DOCUMENT # N05000001449

1. Entity Name
LILLETTE'S FOUNDATION FOR THE ARTS, INC.



Principal Place of Business
**5824 BEE RIDGE RD PMB 278
 SARASOTA, FL 34233**

Mailing Address
**5824 BEE RIDGE RD PMB 278
 SARASOTA, FL 34233**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

05192006 Chg-NP CR2E037 (4/06)

4. FEI Number
74-3136617

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**CARTER, MICHELE A
 18002 RICHMOND PL DR #725
 TAMPA, FL 33647**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

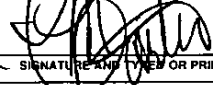
**Filing Fee is \$61.25
 Due by September 6, 2006**

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISNER, LILLETTE J			NAME			
STREET ADDRESS	4939 FALLCREST CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34233			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, ADRIENNE L			NAME			
STREET ADDRESS	18001 RICHMOND DPL DR #817			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP			
TITLE	DVTF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, MICHELE A			NAME			
STREET ADDRESS	18002 RICHMOND PL DR #725			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP			
TITLE	DVAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STARGELL, TANYA M			NAME			
STREET ADDRESS	18001 RICHMOND PL DR #817			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 to this address with all other like empowered.

SIGNATURE:  **9/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #