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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N35934 DOCUMENT #

(1)

ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|---|---|---|--|---|--|---------------------------------------|--|
| · | | | | | | | |
| 2911-M TAMIAMI TRAIL APT. M | | | 2811-M TAMIAMI TRAIL APT. M | | | | |
| _ | | | PT. CHARLOTTE FL 3395 | i2 | | | |
| US | | | U\$ | | 3. Date Incorporated or Qualified 01/03/1990 | 3a. Date of Last Report 08/04/1995 | |
| \vdash | Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number 65-0178163 | Applied For | |
| 21 | | 26 | | | 03-0176163 | Not Applicable | |
| | Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, et | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | City & Chaha | ty & State City & State | | | | Fee Required \$5.00 May Be | |
| 22 | City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | |
| 23 | 7 ₁₀ | Country | Zip | Country | Trust Fund Contribution | Added to Fees | |
| 24 | <i>t</i> 1, | 25 | | 30 | This corporation has liability for in Florida Statutes | tangible tay under s. 199.032, | |
| | | 9. Name and Address of Curren | | 30 | 10. Name and Address of New Re | | |
| | | | | 81 Name | | | |
| | BISHUD | DDADED H | | | Batchelder, Vernita | | |
| | BISHOP, DRAPER H. C/O ARTS & HUMANITIES COUNCIL OF | | | 62 Street | Street Address (P.O. Box Number is Not Acceptable) | | |
| | CHARLOTTE COUNTY, 2811-M TAMIAMI TRAIL | | | | 25550 Palisade Road | | |
| | | HARLOTTE FL 33952 | ITMIL | 63 | | | |
| | FUNIO | HANLOTTE PL 30902 | | 64 City | Port Charlotte | FL 85 Zip Code 33983 | |
| 1 | 1. Pursuant t | to the provisions of Sections 617.0502 | and 617.1508, Florida Statutes | , the above named c | orporation submits this statement for the purp | ose of changing its registered office | |
| | or register familiar wit | red agent, or both, in the State of Florid the and accept the obligations of Secti | la. Such change was authorized on 617 0503 Aborida Statutes | d by the corporation's | board of directors. I hereby accept the appoint | ntment as registered agent. I am | |
| _ ا | | Ihed /i | (B.A. | <u>(</u> | | 7-78-91 | |
| 51 | GNATURE _ | Signature, typed or printed name of registered agent | and title if applicable (NOTE | - Registered Agent signature | required when reinstating) | DATE | |
| 1: | 2. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 | |
| 111 | LE | PD | ∏ DELETE | 1.1 TITLE | P/D | Change Addition | |
| N/A | ME | Bishop, draper h | | 1.2 NAME | Batchelder, Vernit | a M | |
| \$1 | REET ADDRESS | 3106 NEWBURGH ST. | | 1.3 STREET ADDRESS | 25550 Palisade Roa | | |
| CI | IY-SI-ZiP | PORT CHARLOTTEE FL | | 1.4 CITY-ST-ZIP | Port Charlotte FL | | |
| 1:1 | LF | VPD | DELETE | 2.1 TITLE | V/D | Change | |
| N/A | ME | HOATSON, DONALD | ^ | 2.2 NAME | Butler, Leonard B | | |
| SI | REET ADDRESS | 591 VIA ESPLANADE | | 2.3 STREET ADDRESS | 3255 Ithaca Street | | |
| CI. | TY-ST-ZIP | Punta Gorda Fl | | 2 4 CITY-ST-ZIP | | 22052 | |
| TH | LF | SD , | DELETE | 3.1 TITLE | Port Charlotte FL | 33952 Change Addition | |
| NA | LME . | randall, M. Katherine | | 3 2 NAME | V/D | • | |
| ST | REET ADDRESS | 710 SPRING LAKE BLVD NW | | 3.3 STREET ADDRESS | | | |
| CI | IY-ST-ZIP | PT CHARLOTTE FL | | 3.4. CITY-ST-ZIP | | | |
| 11 | LE | VPD | □ DELETE | 4.1 TITLE | 3 1 7 | Change Addition | |
| N/A | IME | DELANEY, GENE | | 4. 2 NAME | Asst T/D | •• | |
| SI | REET ADDRESS | 825 HARBOR DR S | | 4.3 STREET ADDRESS | Hicks Jr., H. Fran 602 Via Tunis | ı K | |
| Ç. | TY-ST-ZIP | VENICE FL | | 4.4 CITY - ST- ZIP | | | |
| Til | LE | 1 . | DELETE | 5 1 TITLE | Punta Gorda, FL 3 | ☐ Change ☐ Addition | |
| N/A | IME | gaines, jeff ' | | 5.2 NAME | T/S/D | • | |
| SI | HEET ADDRESS | 2811-M TAMIAMI TRAIL | | 5 3 STREET ADDRESS | | | |
| C+ | TY-ST-ZIP | PT. CHARLOTTE FL | | 5.4 CITY-ST-2IP | | | |
| | LE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NA. | IME | | | 6.2 NAME | 1 | | |
| st | REFT ADDRESS | | | 6 3 STREET ADDRESS | 1 | | |
| c. | TY-ST-ZIP | | | 64 City-St-ZiP | 1 | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on a patient man officers.

SIGNATURE:

Vernita Batchelder (941) 625-9888
SIGNING OFFICER OR DIRECTOR

1 34011101 PAG 1989 BYIN 11100 HIN PIGA BIRIN BAGII AHAN BABII BIRIN BABI