FILE NOW: FILING FEE IS $61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90138 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35934

1. Corporation Name

ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
2811-M TAMIAMI TRAIL PT. CHARLOTTE FL 33952 US	2811-M TAMIAMI TRAIL PT. CHARLOTTE FL 33952 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 01/03/1990

4. FEI Number: 65-0178163 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~RANDALL, M. KATHERINE~~
~~710 SPRINGLAKE BLVD., NW~~
~~PORT CHARLOTTE FL 33952~~

10. Name and Address of New Registered Agent

81 Name: DE VITA, ELLEN
82 Street Address (P.O. Box Number is Not Acceptable): 1412 SURFBIRD CT.
83
84 City: PUNTA GORDA **FL** 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ellen DeVita - President — 4/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	~~HOOVER, R. MURRAY~~		1.2 NAME	DE VITA, ELLEN	
STREET ADDRESS	~~3119 SHANNON DRIVE~~		1.3 STREET ADDRESS	1412 SURFBIRD CT.	
CITY-ST-ZIP	~~PUNTA GORDA FL 33982~~		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	~~PD~~	☒ DELETE	2.1 TITLE	1ST-V/D	☐ Change ☒ Addition
NAME	~~RANDALL, M. KATHERINE~~		2.2 NAME	HEMMERLE, BETTY B.	
STREET ADDRESS	~~710 SPRING LAKE BLVD NW~~		2.3 STREET ADDRESS	1601 PARK BEACH CIR., #135	
CITY-ST-ZIP	~~PT CHARLOTTE FL 33952~~		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	~~ATD~~	☒ DELETE	3.1 TITLE	2ND-V/D	☐ Change ☒ Addition
NAME	~~BURNETT, BARBARA A~~		3.2 NAME	JONES, PHILLIP J.	
STREET ADDRESS	~~3905 CROOKED ISL. DRIVE~~		3.3 STREET ADDRESS	18501 MURDOCK CIR., 6TH FL.	
CITY-ST-ZIP	~~PUNTA GORDA FL 33950~~		3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	~~TDS~~	☒ DELETE	4.1 TITLE	T/S/D	☐ Change ☒ Addition
NAME	~~GAINES, JEFF~~		4.2 NAME	GAINES, JR., JEFF	
STREET ADDRESS	~~2811-M TAMIAMI TRAIL~~		4.3 STREET ADDRESS	P. O. BOX 510308	
CITY-ST-ZIP	~~PT. CHARLOTTE FL~~		4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	~~VD~~	☒ DELETE	5.1 TITLE	ASST. T/S/D	☐ Change ☒ Addition
NAME	~~WERDELL, WILLIAM F~~		5.2 NAME	ANDREAS, JACK	
STREET ADDRESS	~~7276 TOTEM AVENUE~~		5.3 STREET ADDRESS	501 MATARES DR.	
CITY-ST-ZIP	~~NORTH PORT FL 34286~~		5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE: Ellen DeVita SIGNATURE REQUIRED — ELLEN DE VITA — 4/14/99 — (941)255-7430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)