


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90016 020 \*\*\*\*61.25

<b>DOCUMENT # N35934</b> 1. Entity Name <b>ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY, INC.</b>	
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Principal Place of Business <b>2811-M TAMiami TRAIL PT. CHARLOTTE, FL 33952 US</b>	Mailing Address <b>2811-M TAMiami TRAIL PT. CHARLOTTE, FL 33952 US</b>
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**54026481**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03122004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0178163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CASTRO, JANET 2925 MAGDALINA DRIVE PUNTA GORDA, FL 33950</b>	
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7. Name and Address of New Registered Agent	
Name <b>Gilda Bourquin</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1633 Suzi Street</b>	
City <b>Punta Gorda</b>	Zip Code <b>FL 33950</b>

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, JANET 2925 MAGDALENA DRIVE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CASTRO, JANET 2925 MAGDALENA DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD SEAY, AUDREY 25083 WATEAU CT PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOURQUIN, GILDA 1633 SUZI STREET PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD DICKINSON, ROBERT M. AMER EXPRESS FIN ADV. 201 W MARION #305 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREAS, ELLEN 501 MATARES DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATSD MURTAUGH, PATRICIA 2646 PARISIAN COURT PUNTA GORDA, FL 33950 <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	1VPD VOLLMER, NANCY 408 ORINOCO ST. PUNTA GORDA, FL 33983 <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	<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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/04**  
Date

**941-637-0692**  
Daytime Phone #