

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 023 ****61.25

DOCUMENT # N35934 1. Entity Name ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 2811-M TAMiami TRAIL PT. CHARLOTTE, FL 33952 US			Mailing Address 2811-M TAMiami TRAIL PT. CHARLOTTE, FL 33952 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0178163			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOURQUIN, GILDA 1633 SUZI STREET PUNTA GORDA, FL 33950			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 _____ 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, 2005		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	PP CASTRO, JANET 2925 MAGDALENA DRIVE PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Ellen Andreas 501 Matares Drive Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SEAY, AUDREY 25083 WATEAU CT PUNTA GORDA, FL 33983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DICKINSON, ROBERT M AMER EXPRESS FIN ADV. 201 W MARION #305 PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATSD MURTAUGH, PATRICIA 2646 PARISIAN COURT PUNTA GORDA, FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD VOLLMER, NANCY 408 ORINOCO ST. PUNTA GORDA, FL 33983	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURQUIN, GILDA 1633 SUZI STREET PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Judy A. Malbuisson</u> Judy A. Malbuisson <u>4/1/05</u> <u>941-764-8100</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					