FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40737** **(1)**

1. Corporation Name
CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORP ORATED

Principal Place of Business	Mailing Address
COLTURAL PARK CAPE CORAL FL 33915-1017 US	P. O. BOX 151017 CAPE CORAL FL 33915-1017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0139543 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ADAMSKI, ROBERT C.
2724 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☐ Change ☐ Addition
NAME	HOLLY, DEBBIE	1.2 NAME	J. Francis Bell	
STREET ADDRESS	902 S.W. 48TH TERR.	1.3 STREET ADDRESS	226 SW 38th Terr.	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	BEARSE, FRANK	2.2 NAME	Georgiana Anyzeski	
STREET ADDRESS	5312 S.W. 8TH CT.	2.3 STREET ADDRESS	4006 SE 20th Place(Park View4#A3	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	FARIAS, MIDGE	3.2 NAME	A. David Nabatoff	
STREET ADDRESS	4852 GULF CLUB DR., A1	3.3 STREET ADDRESS	4204 Country Club Blvd	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SD	4.1 TITLE	CSD	☐ Change ☐ Addition
NAME	SPRADLEY, GLORIA	4.2 NAME	Midge FArias	
STREET ADDRESS	2220 S.E. 8TH TERR.	4.3 STREET ADDRESS	4852 Golf Club Ct Apt AI	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	JACOBI, ANNA MARIE	5.2 NAME		
STREET ADDRESS	3517 S.E. 19TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	HERBERT, LOIS E.	6.2 NAME		
STREET ADDRESS	252 S.E. 46TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: A. David Nabatoff 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069782