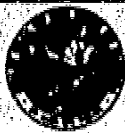


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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, INCORPORATED

Principal Place of Business

**CULTURAL PARK
CAPE CORAL FL 33915-1017
US**

Mailing Address

**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. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

CD

NAME

HOLLY, DEBBIE

STREET ADDRESS

902 S.W. 48TH TERR.

CITY-ST-ZIP

CAPE CORAL FL

13. TITLE

D

NAME

BEARSE, FRANK

STREET ADDRESS

5312 S.W. 8TH CT.

CITY-ST-ZIP

CAPE CORAL FL

14. TITLE

D

NAME

FARIAS, MIDGE

STREET ADDRESS

4852 GULF CLUB DR., A1

CITY-ST-ZIP

N. FT. MYERS FL

15. TITLE

SD

NAME

SPRADLEY, GLORIA

STREET ADDRESS

2220 S.E. 8TH TERR.

CITY-ST-ZIP

CAPE CORAL FL

16. TITLE

SD

NAME

JACOBI, ANNA MARIE

STREET ADDRESS

3517 S.E. 19TH PLACE

CITY-ST-ZIP

CAPE CORAL FL

17. TITLE

TD

NAME

HERBERT, LOIS E.

STREET ADDRESS

252 S.E. 48TH STREET

CITY-ST-ZIP

CAPE CORAL FL

1.1 TITLE

CD

1.2 NAME

J. Francis Bell

1.3 STREET ADDRESS

226 SW 38th Terr.

1.4 CITY-ST-ZIP

Cape Coral, FL 33914

2.1 TITLE

D

2.2 NAME

Georgiana Anyzeski

2.3 STREET ADDRESS

4006 SE 20th Place (Park View) #A3

2.4 CITY-ST-ZIP

Cape Coral, FL 33904

3.1 TITLE

TD

3.2 NAME

A. David Nabatoff

3.3 STREET ADDRESS

4204 Country Club Blvd

3.4 CITY-ST-ZIP

Cape Coral, FL 33904

4.1 TITLE

CSD

4.2 NAME

Midge Farias

4.3 STREET ADDRESS

4852 Golf Club Ct Apt A1

4.4 CITY-ST-ZIP

N. Ft. Myers, FL 33903

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #