

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40737** (1)

1. Corporation Name

CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORPORATED

Principal Place of Business

CULTURAL PARK BLVD.
CULTURAL PARK
CAPE CORAL FL 33915-1017
US
CULTURAL PARK THEATRE

Mailing Address

P. O. BOX 151017
CAPE CORAL FL 33915-1017



3. Date Incorporated or Qualified
11/08/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500001786735

83

-04/19/96--01018--013

84 City

*****61.25**

FL

85 Zip Code

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

SAME

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **BELL, FRANCIS J**
STREET ADDRESS **226 SW 38TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ DELETE
NAME **ANYZESKI, GEORGIANA**
STREET ADDRESS **4006 SE 20TH PLACE (PARK VIEW 4#A3)**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **TD** ☐ DELETE
NAME **NABATOFF, DAVID A**
STREET ADDRESS **4204 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **CSD** ☐ DELETE
NAME **FARIAS, MIDGE**
STREET ADDRESS **4852 GOLF CLUB COURT APT A1**
CITY-ST-ZIP **N FT. MYERS FL**

TITLE **SD** ☐ DELETE
NAME **JACOBI, ANNA MARIE**
STREET ADDRESS **3517 S.E. 19TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **TD** ☐ DELETE
NAME **HERBERT, LOIS E.**
STREET ADDRESS **252 S.E. 46TH STREET**
CITY-ST-ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHM. D** ☒ Change ☐ Addition
1.2 NAME **FARIAS, MIDGE**
1.3 STREET ADDRESS **4852 GOLF CLUB DR.**
1.4 CITY-ST-ZIP **NO. FORT MYERS, FL. 33903**

2.1 TITLE **1st. VICE CHM. D** ☒ Change ☐ Addition
2.2 NAME **ANYZESKI, GEORGIANNA**
2.3 STREET ADDRESS **4006 SE. 20th PL.(PK.VIEW 4 CONDO A3)**
2.4 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

3.1 TITLE **2nd VICE CHM. D** ☒ Change ☐ Addition
3.2 NAME **JUNE SOMMERFIELD**
3.3 STREET ADDRESS **106 NE. 21st AVE.**
3.4 CITY-ST-ZIP **CAPE CORAL, FL.**

4.1 TITLE **TREAS. D** ☒ Change ☐ Addition
4.2 NAME **ROBERT ANDERSON**
4.3 STREET ADDRESS **1836 SE. 40th ST.**
4.4 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

5.1 TITLE **REC. SEC. D** ☒ Change ☐ Addition
5.2 NAME **JANET FORRER**
5.3 STREET ADDRESS **3041 SW. 26 PLACE**
5.4 CITY-ST-ZIP **CAPE CORAL, FL.**

6.1 TITLE **CORR. SECR. D** ☒ Change ☐ Addition
6.2 NAME **JACOBI, ANNA MARIE**
6.3 STREET ADDRESS **3517 SE. 19th PLACE**
6.4 CITY-ST-ZIP **CAPE CORAL, FL.**

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)(k), 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:

JUNE SOMMERFIELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1996

Date

PH. 941-772-8180

Daytime Phone

CR2E037 (12/95)