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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
CAPE CORAL FL 33915-1017
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
11/08/1990

3a. Date of Last Report
04/18/1996

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 PINO BLVD. 1714 CAPE CORAL PKWY
CAPE CORAL FL 33904

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE

NAME FORBER, JANET

CITY-ST-ZIP CAPE CORAL FL

TITLE ACD ☒ DELETE

NAME ANYZESKI, GEORGIANA
STREET ADDRESS 4008 SE 20TH PLACE (PARK VIEW 4#A3)

CITY-ST-ZIP CAPE CORAL FL

TITLE ACD ☐ DELETE

NAME SOMMERFIELD, JUNE
STREET ADDRESS 108 NE 21 AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE CD ☒ 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 ANDERSON, ROBERT
STREET ADDRESS 1836 SE 40 ST
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE CHAIRMAN ☐ Change ☒ Addition

1.2 NAME TOM CAMPBELL

1.3 STREET ADDRESS 1403 SE 19TH ST.

1.4 CITY-ST-ZIP CAPE CORAL, FL 33990-0236

2.1 TITLE N. FRANCIS CIMINIO V.P. ☐ Change ☒ Addition

2.2 NAME 13190 DAKHOUT AL.

2.3 STREET ADDRESS N. MYERS, FL 33907

2.4 CITY-ST-ZIP

3.1 TITLE CONSORTADORA SECRET ☐ Change ☒ Addition

3.2 NAME JULIA CONICELIA
3.3 STREET ADDRESS 1640 SE 40TH ST.

3.4 CITY-ST-ZIP CAPE CORAL, FL 33904

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

941-549-7244

CR2E037 (9/96)