FILE NOW: FILING FEE IS $61.25 ✓

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # N40737 (1)

1. Corporation Name

CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORP ORATED

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

3. Date Incorporated or Qualified: 11/08/1990

4. FEI Number: 65-0139543 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ADAMSKI, ROBERT C.
1714 CAPE CORAL PKWY
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 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.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, TOM		1.2 NAME		
STREET ADDRESS	1403 SE 19TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CIMMIGO, N FRANCIS		2.2 NAME		
STREET ADDRESS	13190 OAKMOUNT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	ACD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOMMERFIELD, JUNE		3.2 NAME		
STREET ADDRESS	106 NE 21 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONICELLA, JULIA		4.2 NAME		
STREET ADDRESS	1840 SE 40TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, ROBERT		6.2 NAME		
STREET ADDRESS	1836 SE 40 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Robert A. Anderson 1/8/98 941-549-7244