

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

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DOCUMENT # N40737

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/08/1990

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

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.

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

TITLE CD
NAME CAMPBELL, TOM
STREET ADDRESS 1403 SE 19TH ST
CITY-ST-ZIP CAPE CORAL FL
☐ DELETE

TITLE VCD
NAME CIMMIGO, N FRANCIS
STREET ADDRESS 13190 OAKMOUNT DR
CITY-ST-ZIP FT MYERS FL
☒ DELETE ☒

TITLE ACD
NAME SOMMERFIELD, JUNE
STREET ADDRESS 106 NE 21 AVE
CITY-ST-ZIP CAPE CORAL FL
☐ DELETE

TITLE SD
NAME CONICELLA, JULIA
STREET ADDRESS 1640 SE 40TH ST
CITY-ST-ZIP CAPE CORAL FL
☒ DELETE

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VCD
2.2 NAME JACOBI, ANNA MARIE
2.3 STREET ADDRESS 3517 S.E. 19th PLACE
2.4 CITY-ST-ZIP CAPE CORAL, FL
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE SD
4.2 NAME SPRADLEY, GLORIA
4.3 STREET ADDRESS 2220 S.E. 8th TERRACE
4.4 CITY-ST-ZIP CAPE CORAL, FL
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE TD
6.2 NAME CONICELLA, NICHOLAS
6.3 STREET ADDRESS 1640 S.E. 40th STREET
6.4 CITY-ST-ZIP CAPE CORAL, FL
☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: *NICHOLAS M. CONICELLA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 941-549-0066
Date Daytime Phone #

CR2E037 (11/98)