

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 005 ****61.25

DOCUMENT # *N40737*

1. Entity Name

C.C. Council for Arts and Humanities Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

528 Cultural Pk. Blvd.

3. Mailing Address

P.O. Box 151017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL (33900)

City & State

Cape Coral, FL

4. FEI Number

46-13-043771-54-C

Applied For

Not Applicable

Zip

Country

Zip

Country

33900

USA

33909

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

June Sommerfield

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

106 N.E. 21 Ave.

City

Cape Coral,

FL

Zip Code

33909

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

June B. Sommerfield - (June Sommerfield)

4/15/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*P
JUNE Sommerfield
106 N.E. 21 Ave.
Cape Coral, FL 33909*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*V -2nd
KAY WINNER
167 SW 53rd ST.
Cape Coral, FL 33914*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*V 1st
DAVID NABATOFF
4204 COUNTRY CLUB BLVD
Cape Coral, FL 33904*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*T.
LeeAnne Stinnett
506 Cape Coral Pkwy
Cape Coral, FL 33904*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*R.S.
Theresa Kersey
2918 NW 19th Terr
Cape Coral, FL 33909*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*C.S.
Joanne Bardelang
1418 SE 32nd Terr.
Cape Coral, FL 33909*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *June Sommerfield June Sommerfield 4-7-02-941-772-8180*

CR2E037B (12/01)