


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90009 047 ****61.25

DOCUMENT # N40737 1. Entity Name CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORPORATED					
Principal Place of Business 528 CULTURAL PARK BLVD CAPE CORAL, FL 33909 US			Mailing Address P.O. BOX 151017 CAPE CORAL, FL 33909		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0139543	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOMMERFIELD, JUNE 106 NE 21 AVE CAPE CORAL, FL 33909			Name Same. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE June Sommerfield 9-06-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make, check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERFIELD, JUNE		NAME	SOMMERFIELD, JUNE	
STREET ADDRESS	106 N.E. 21 AVENUE		STREET ADDRESS	106 NE 21 AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP	CAPE CORAL, Florida 33909	
TITLE	V1D	<input checked="" type="checkbox"/> Delete	TITLE	V1D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABATOFF, DAVID		NAME	WINNER, JERRY	
STREET ADDRESS	4204 COUNTRY CLUB BLVD		STREET ADDRESS	1675 SW 53 ST.	
CITY-ST-ZIP	CAPE CORAL, FL 339045237		CITY-ST-ZIP	CAPE CORAL, Florida 33914	
TITLE	V2D	<input checked="" type="checkbox"/> Delete	TITLE	V2D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNER, KAY		NAME	DAVID NABATOFF	
STREET ADDRESS	167 S.W. 53RD ST		STREET ADDRESS	4204 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 339147125		CITY-ST-ZIP	CAPE CORAL, Florida 33904	
TITLE	RSD	<input checked="" type="checkbox"/> Delete	TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSEY, THERESA		NAME	REIS, NEVIN	
STREET ADDRESS	2918 N.W. 19TH TERRACE		STREET ADDRESS	1332 SE 2nd AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDMER, MARY		NAME	CARLSON JUDY	
STREET ADDRESS	4717 SW 26TH PL		STREET ADDRESS	306 SE 47th ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CAPE CORAL, Florida 33904	
TITLE	CSD	<input checked="" type="checkbox"/> Delete	TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDELANG, JOANNE		NAME	O'NEARRA, DELORES	
STREET ADDRESS	1418 SE 32 TERR		STREET ADDRESS	219 SE 18th AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP	CAPE CORAL, Florida 33990	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: June Sommerfield			AFTER OCT 1 → 339-772-8180 9-6-04 - (989-697-5484) (untel)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> June Sommerfield			<small>Date</small> Date		
			<small>Daytime Phone #</small> Daytime Phone #		