


# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Page 1 of 2

DOCUMENT # <u>N40737</u>	
1. Entity Name <u>Cape Coral Council for Arts &amp; Humanities Inc.</u>	

FILED  
06 MAR -1 11 9 23

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>358 Cultural Pk. Blvd.</u> Suite, Apt. #, etc. <u>Cape Coral, FL</u> City & State <u>Cultural Park Theatre</u> City & State Zip <u>33990</u> Country <u>U.S.A.</u>	3. Mailing Address <u>106 NE 21 Ave.</u> Suite, Apt. #, etc. <u>Cape Coral, FL</u> City & State Zip <u>33909</u> Country <u>U.S.A.</u>
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B. 3/1/06  
**REINSTATEMENT** OS-De

DO NOT WRITE IN THIS SPACE	4. FEI Number (STATE <u>N40737</u> ) <u>65-0139543</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>JUNE SOMMERFIELD</u> Street Address (P.O. Box Number is Not Acceptable) <u>106 N.E. 21 Ave.</u> <u>Cape Coral,</u> City FL Zip Code <u>33909</u>		

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 B. Sommerfield - President 12-20-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$6125 - 122.50  
Initial or Amended AR 88.

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
NO

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE <u>Pres.</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>JUNE Sommerfield - Pres.</u> <u>106 N.E. 21<sup>st</sup> Ave</u> <u>Cape Coral, FL-33909</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800067437958</u> <u>03/09/06--01014--029 **122.50</u>
TITLE <u>1st Vice Pres</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Jerry Winner</u> <u>Gulf Coast Village</u> <u>1333 Santa Barbara Blvd.</u> <u>Cape Coral, FL 33991</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <u>2nd Vice Pres</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>DAVID NABATOFF</u> <u>4204 Country Club Blvd.</u> <u>Cape Coral, FL 33904</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE <u>Corr. Sec.</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Delores O'Meara</u> <u>219 SE 18<sup>th</sup> Ave</u> <u>Cape Coral, FL, 33990</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <u>Rec. Sec.</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Nevin Reis</u> <u>1332 SE 2<sup>nd</sup> Terr.</u> <u>Cape Coral, FL 33990</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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-12-20-05



**CAPE CORAL**  
***Council for Arts & Humanities, Inc.***

POST OFFICE BOX 151017  
CAPE CORAL, FLORIDA 33915-1017

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February 18, 2006

SUBJECT: Fee for Incorporation:

ATTENTION : Kathy Ashton – Document Specialist

**CAPE CORAL COUNCIL FOR ARTS AND HUMANITIES INC.**

The C.C. Council for Arts and Humanities Inc. is replying once again to your  
“request for the fee for Incorporation.”

You have stated in the letter of February 10, 2006 the if we sent the following  
we would be reinstated.

1. Our letter requesting a waiver
2. Check (s) totaling \$122.50
3. Your letter in response to our letter of January 9, 2006, stating fee for  
Incorporation would be \$122.50
4. Corrected document
5. Send all within 30 days from Feb. 10, 2006

Please consider this letter – the request for waiver of your previous statement for the  
fee due to the State for the reinstatement. As you have stated this would be sufficient for  
the renewal of our Incorporation due to the fact –we had not received the initial request  
for fee.

Please find enclosed, - all of the information listed above. For further information  
please contact the President of the Arts Council, June Sommerfield at 239-772-8180.

Sincerely,

June Sommerfield  
President—C.C. C for A. and H.