

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

DOCUMENT # N40737

1. Entity Name

CAPE CORAL COUNCIL FOR ARTS & HUMANITIES,
INCORPORATED



02-13-2007 90051 001 *****8.75
02-13-2007 90051 002 *****61.25

Principal Place of Business

528
CULTURAL PARK BLVD
CULTURAL PARK THEATRE
CAPE CORAL FL 33909
US

Mailing Address

106 NE 21 AVE
CAPE CORAL FL 33909
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0139543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

SOMMERFIELD, JUNE
106 NE 21 AVE
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

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 B. Sommerfield (same)

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOMMERFIELD, JUNE	
STREET ADDRESS	106 N.E. 21 AVENUE	
CITY - ST - ZIP	CAPE CORAL FL 33909	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	WINNER, JERRY	
STREET ADDRESS	1333 SANTA BARBARA BLVD	
CITY - ST - ZIP	CAPE CORAL FL 33991	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	NABATOFF, DAVID	
STREET ADDRESS	4204 COUNTRY CLUB BLVD	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	CS	<input type="checkbox"/> Delete
NAME	O'MEARA, DELORES	
STREET ADDRESS	219 SE 18TH AVE	
CITY - ST - ZIP	CAPE CORAL FL 33990	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	REIS, NEVIN	
STREET ADDRESS	1332 SE 2ND TERR	
CITY - ST - ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY WINNER	
STREET ADDRESS	1333 SANTA BARBARA BLVD	
CITY - ST - ZIP	CAPE CORAL, FL 33991	
TITLE	1VP/D - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE SOMMERFIELD	
STREET ADDRESS	106 N.E. 21 AVE	
CITY - ST - ZIP	CAPE CORAL, FL 33909	
TITLE	2VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER ELLITHORPE	
STREET ADDRESS	CAPE CORAL, FL	
CITY - ST - ZIP		
TITLE	CS/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORES O'MEARA	
STREET ADDRESS	219 SE 18TH AVE	
CITY - ST - ZIP	CAPE CORAL, FL 33990	
TITLE	R.S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE JORDAN	
STREET ADDRESS	2067 W. LAKEVIEW BLVD.	
CITY - ST - ZIP	NO. FT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 B. Sommerfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #