


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90024 043 ****70.00

DOCUMENT # N40737	
1. Entity Name CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORPORATED	

Principal Place of Business 528 CULTURAL PARK BLVD CULTURAL PARK THEATRE CAPE CORAL FL 33990 US	Mailing Address 106 NE 21 AVE CAPE CORAL FL 33909 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0139543		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

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) SAME City FL Zip Code	
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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.
SAME

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINNER, JERRY 1333 SANTA BARBARA BLVD CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD June Sommerfield <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 NE 21 AVE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SOMMERFIELD, JUNE 106 NE 21 AVE CAPE CORAL FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP - D Jerry Winner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1333 SANTA BARBARA BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ELLITHORPE, PETER 4204 COUNTRY CLUB BLVD CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fran Cimmino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1109 SW 48 Terr Apt 6 Bldg 2 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD O'MEARA, DELORES <input checked="" type="checkbox"/> Delete 219 SE 18TH AVE CAPE CORAL FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peter Ellithorpe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5345 Delano CT. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD JORDAN, JUNE <input checked="" type="checkbox"/> Delete 2067 W LAKEVIEW BLVD NORTH FORT MYERS FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Sommerfield 4-7-08- 239-772-8180