

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40737

FILED
Feb 04, 2009
Secretary of State

Entity Name: CAPE CORAL COUNCIL FOR ARTS & HUMANITIES, INCORPORATED

Current Principal Place of Business:

528 CULTURAL PARK BLVD
CULTURAL PARK THEATRE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

106 NE 21 AVE
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 65-0139543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERFIELD, JUNE
106 NE 21 AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOMMERFIELD, JUNE
Address: 106 NE 21 AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: VPD () Delete
Name: WINNER, JERRY
Address: 1333 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33909

Title: 2VP () Delete
Name: ELLITHORPE, PETER
Address: 4204 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: ELLITHORPE, PETER
Address: 5345 DELANO CT
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Delete
Name: CIMMIRO, FRAN
Address: 1109 SW 48 TERR APT 6 BLDG 2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WEEKS, KAREN
Address: 154 SW 52 ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: 2VP (X) Change () Addition
Name: KNAPIK, RICHARD
Address: 2312 SW 54 LN.
City-St-Zip: CAPE CORAL, FL 33914

Title: TD (X) Change () Addition
Name: ELLITHORPE, PETER
Address: 5345 DELANO CT
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE SOMMERFIELD

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date