FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1006

Secretary of State DIVISION OF CORPORATIONS

	7	990										
	DOCUMENT # N9400003357 (0) 1. Corporation Name											
	•	ARTS SOCIETY OF GRE	ATFR I	NAPLES, INC.								
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		f.D. ciacan	Mai	ilina Address							oran inan ina	
Principal Place of Business Mailing Address												
6596 RIDGEWOOD DR 6596 RIDGEWOOD DR NAPLES FL 33963 NAPLES FL 33963												
US				US				-	3. Date Incorporated or Qualified	3a. [Date of Last F	Report
								1	07/05/1994		05/01/19	95
	2. Principal Plac	ce of Business	2a.	Mailing Address					4. FEI Number	•		pplied For
2	1		26						65-0480044			lot Applicable
	Suite, Apt. #,	etc.	—	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional lequired
2	City & State		27	City & State					6. Election Campaign Financing) May Be
2	23		28	,					Trust Fund Contribution		Added	to Fees
Ξ	Zip	Country		Zip	Count	try			B. This corporation has liability for	or intangible	tax under s.	199.032,
2	24	25	29		30				Florida Statutes 10. Name and Address of New	Peristere		200
		9. Name and Address of Currer	t Regist	tered Agent		31	Name		TO. Name and Address of New	Negisters	a ragoni	
	DCABICT!	DIOUADO V COA			L	\perp			ID C. David Name to Mat Appeal	abla		
		r, richard K ESQ H avenue south				82	Street A	Address	(P.O. Box Number is Not Accept	aciej		
NAPLES FL 33940						B3						
	14 5 650				la la	84	City				85 Zip	Code
										<u> </u>	<u> </u>	aciatavad office
Γ	ar rapiatora	the provisions of Sections 617.0502 d agent, or both, in the State of Flori	aa Such	i channe was allinonzi	ad hy ina co	e-n orpo	amed co oration's l	rporation board o	on submits this statement for the portion of directors. I hereby accept the a	opointment	as registered	agent. I am
	familiar with	n, and accept the obligations of, Sec	tion 617.0	0503, Florida Statutes.								
	SIGNATURE _	Signature, typed or printed name of registered agen	t and title if a	applicable. (NO	TE. Registered A	geni	t signature re	equired wh		DATE		
ŀ	12.	OFFICERS AN		TORS	13.				ADDITIONS/CHANGES TO C	FFICERS A		
ľ	TITLE	D		DELETE	1.1 7171						Change	☐ Addition
١	NAME	MARILYN, BOGEN			1.2 NA			ا ا	023 POND APP	UE D	R. EAS	ア
l	STREET ADDRESS	210 CUDDY COURT					ADDRESS	130	CAS LONG IN I		339	999
ŀ	CITY-ST-ZIP	NAPLES FL 33940		DELETE	1.4 CIT 2.1 TIT		T-ZIP				Change	Addition
Į	TITLE NAME	BROWN, MARILYN		Doctor	2.2 NA							
	STREET ADDRESS	7041 HOLLYBRIAR LANE			l l		ADDRESS					
	CITY-ST-ZIP	NAPLES FL 33963			2. 4 00							
t	TITLE	D		DELETE	3.1 TIT	LE		S.	- / m / / / / / / / / / / / / / / / / /		Change	Addition
١	NAME	DECOSTA, MARY			3.2 NA			1311	ANE LUBAVER & PALM DR. A	07: #/	4	
	STREET ADDRESS	812 BENTWOOD DRIVE					ADDRESS	13	APLES, FL 36	1962		
ŀ	CITY-ST-ZIP	NAPLES FL 33963		DELETE	3.4. CI 4.1 TIT		ST-ZIP	, ,	11/02/20/1		Change	Addition
١	TITLE	D Forsthoff, Earle		LJOLLEIL	4.1 III						_ ' ' ' '	_
	NAME STREET ADDRESS	4401 GULF SHORE BLVD. N	IORTH		· •		ADDRESS					
	CITY-ST-ZIP	NAPLES FL 33940					ST-ZIP					
ł	TITLE	D		DELETE	5.1 TIT	•		<i>(</i> 2)			Change	Addition
	NAME	MORAN, JOE		-	5.2 NA	ME		RO	SEMARY SCHI	30/20/	5KP	
	STREET ADDRESS	H200-1508 ROYAL FERN CO	DURT				T ADDRESS	65	196 RIDGELLOOK	Z DARIV	<u>~</u>	
ļ	CITY-ST-ZIP	NAPLES FL 33963		Tori etc		-	ST-ZIP		14/36123,1-6		Change	Addition
	TITLE	D		DELETE	6.1 (1)			<u>න</u>	مدياً هنا رسي		T) Auguste	P PROGRAM
1	NAME	MORGAN, THOMAS			6.2 NA	ME		GG	NEVIEV MILLS	,		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

63 STREET ADDRESS 617 DORANDO CT.

MARCO ISLAND, FL

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAPLES FL 33963

1626 GULFCOAST DRIVE

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

514-0343 Deytime Phone #

33937

CR2E037 (12/95)