

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003938

1. Entity Name
ART HOUSE FOUNDATION, INC.



Principal Place of Business
**2075 WEST FIRST ST
SUITE 300
FORT MYERS, FL 33901**

Mailing Address
**PO BOX 1708
FORT MYERS, FL 33902**



03252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0682952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILTSHIRE, WILLIAM B
2075 WEST FIRST ST
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUDGETT, JEFF 3515 AVOCADO DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOCHINGER, ERIC 6640 PLANTATION PINES BLVD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HORVATH, ARLENE 1900 VIRGINIA AVE, #1201 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILTSHIRE, WILLIAM 6417 MARK LN FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000712322
04/26/07-80043-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (239) 334-9191
Date Daytime Phone #