


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N96000005210 (7) 1. Corporation Name CULTURAL ENRICHMENT FOUNDATION, INCORPORATED | | | | | |
| Principal Place of Business 695 TARPON BAY ROAD SUITE 7 SANIBEL ISLAND FL 33957 | | | Mailing Address POST OFFICE BOX 716 SANIBEL ISLAND FL 33957 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 10/07/1996 4. FEI Number 65-0700798 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent BRODEUR, RICHARD JOHN 1640 PERIWINKLE WAY SUITE V SANIBEL ISLAND FL 33957 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | | D <input type="checkbox"/> DELETE | | | |
| NAME | | ARMENIA, JOHN | | | |
| STREET ADDRESS | | 695 TARPON BAY ROAD, SUITE 7 | | | |
| CITY-ST-ZIP | | SANIBEL ISLAND FL 33957 | | | |
| TITLE | | PD <input type="checkbox"/> DELETE | | | |
| NAME | | PRICE, NORA | | | |
| STREET ADDRESS | | 678 EAST ROCKS DRIVE | | | |
| CITY-ST-ZIP | | SANIBEL ISLAND FL 33957 | | | |
| TITLE | | VPSD <input type="checkbox"/> DELETE | | | |
| NAME | | ARMENIA, LUCY | | | |
| STREET ADDRESS | | 695 TARPON BAY ROAD | | | |
| CITY-ST-ZIP | | SANIBEL ISLAND FL 33957 | | | |
| TITLE | | VPD <input type="checkbox"/> DELETE | | | |
| NAME | | HERMES, JAMES | | | |
| STREET ADDRESS | | 1001 KINGS CROWN DRIVE | | | |
| CITY-ST-ZIP | | SANIBEL ISLAND FL 33957 | | | |
| TITLE | | VPTD <input type="checkbox"/> DELETE | | | |
| NAME | | BECK, MICHAEL D | | | |
| STREET ADDRESS | | 10181 SIX MILE CYPRESS PARKWAY, "A" | | | |
| CITY-ST-ZIP | | FORT MYERS FL 33912 | | | |
| TITLE | | D <input type="checkbox"/> DELETE | | | |
| NAME | | FRANK, LYMAN | | | |
| STREET ADDRESS | | 1752 JEWEL BOX DRIVE | | | |
| CITY-ST-ZIP | | SANIBEL ISLAND FL 33957 | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: Sandra B. Mortham, Secretary of State 4/6/98 944-395-9300

CR2E037 (10/97)