

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90488 010 ****61.25

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1. Entity Name

ARTS AND CULTURE ALLIANCE, INC.



Principal Place of Business

**101 W. VENICE AVENUE, SUITE 10
VENICE FL 34285**

Mailing Address

**P O BOX 414
VENICE FL 34284-0414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0951676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAMMELL, JEAN
418 GULF STREET
VENICE FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **TRAMMELL, JEAN**
STREET ADDRESS **418 GULF STREET**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **VP** ☐ Change ☒ Addition
NAME **Edwards, Leslie**
STREET ADDRESS **1235 Highland Ave.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **S** ☒ Delete
NAME **SCHELL, DESIREE**
STREET ADDRESS **1803 MOVA STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **S** ☐ Change ☒ Addition
NAME **Kaiser, Bonnie**
STREET ADDRESS **1345 Pinebrook Way**
CITY-ST-ZIP **Venice, FL 34292**

TITLE **VP** ☐ Delete
NAME **HILLSTROM, ELLEN**
STREET ADDRESS **830 INDUS ROAD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FREEMAN, BARBARA**
STREET ADDRESS **530 LYONS BAY RD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **WILLIAMS, ERIKA**
STREET ADDRESS **525 WATERWOOD LANE**
CITY-ST-ZIP **VENICE FL 34293-4193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **SALO, ALLEN**
STREET ADDRESS **3962 WARRIOR AVENUE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **D** ☐ Change ☒ Addition
NAME **Gootee, Diane**
STREET ADDRESS **104 Capri Isles Blvd. #201**
CITY-ST-ZIP **Venice, FL 34292**

12. 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 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: Erika Williams **Erika A. Williams** 4/15/03 (941)497-7615

CR2E037 (10/02)