


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90023 044 ****61.25

DOCUMENT # N99000001926
1. Entity Name
ESTERO ART LEAGUE, INC.



Principal Place of Business: **BOX 864 ESTERO FL 33928**
Mailing Address: **BOX 864 ESTERO FL 33928**

34040001



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **NO-T APPLICABLE**
Applied For: Applied For Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRADY, CAROL
20535 SOUTH TAMIAMI TRAIL
ESTERO FL 33928

7. Name and Address of New Registered Agent
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: *Carol Brady* (NOTE: Registered Agent signature required when reinstating)
DATE: 4/5/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME	DP SWANSON, EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	18456 CREEK DR.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE NAME	DV BATES, HEIDI	<input type="checkbox"/> Delete
STREET ADDRESS	9790 SASSAFRAS COURT	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE NAME	DS NICHOLS, ALICE	<input type="checkbox"/> Delete
STREET ADDRESS	10702 RIO MAR CIRCLE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE NAME	DS DUNN, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS	4685 LEILANI LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	DT HORNE, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	20584 HIGHLANDS	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE NAME	DT SCHAEFER, BETTINA	<input type="checkbox"/> Delete
STREET ADDRESS	1821 IMPERIAL G.C. BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Heidi Bates Heidi Bates April 5/04 (239) 992-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #