

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90279 047 \*\*\*\*61.25



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

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



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

1st MOORE CR2E037 (10/04)

City & State City & State

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

Zip Country 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, HEIDI	
STREET ADDRESS	9790 SASSAFRAS CT	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREND, DON	
STREET ADDRESS	24043 LOWE OAK DR	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ALICE	
STREET ADDRESS	10702 RIO MAR CIRCLE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, MARILYN	
STREET ADDRESS	4685 LEILANI LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, PAT	
STREET ADDRESS	20584 HIGHLANDS	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORAH, CELESTE	
STREET ADDRESS	9410 SPRINGVIEW LOOP	
CITY-ST-ZIP	ESTERO FL 33928	

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 April 11/05 239 - 992-6210  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #