


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90207 049 ****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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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* DATE **4/24/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DV OREND, DON 24043 LONE OAK DR ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Larry Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17455 Silver Fox Dr Unit 1C Ft Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATES, HEIDI 9790 SASSAFRAS COURT ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Evelyn Swanson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18011 S. Tamiami Tr #16 Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NICHOLS, ALICE 20277 FOXWORTH CIR ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lynn Goodwin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20256 Golden Panther Dr Unit 3 Estero FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNN, MARILYN 4685 LEILANI LANE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Marie Cantonese <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9097 Springview loop Estero FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DORAH, CELESTE 9410 SPRINGVIEW LOOP ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARBARA NEWENHISEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20781 PORT DR Estero FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEWENHISEN, BARBARA 20781 PORT DR ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Raquel Uparri <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8328 Tahiti Rd Ft Myers FL 33912

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: *Barbara Newenhisen* DATE **4/24/07** DAYTIME PHONE # **239-498-2366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR