

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004922

Entity Name: ARTS ALLIANCE OF LEMON BAY, INC.**Current Principal Place of Business:**452 W DEARBORN ST
ENGLEWOOD, FL 34223**Current Mailing Address:**91 N BROADWAY
ENGLEWOOD, FL 34223 US**FEI Number:** 56-2460291**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLBURN, JR., HARRY S
444 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BORCHARD, STEPHANIE
Address	91 N BROADWAY ST
City-State-Zip:	ENGLEWOOD FL 34224

Title	TREA
Name	HELEN, RANCK
Address	140 WEST GREEN ST
City-State-Zip:	ENGLEWOOD FL 34223

Title	SEC
Name	CHADWICK, MELANIE
Address	3631 BARBARY LANE
City-State-Zip:	NORTH PORT FL 34287

Title	D
Name	DAVIDSON, DIANE
Address	91 N. BROADWAY ST
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	FRANC, JANINE
Address	210 BROADMOOR LANE
City-State-Zip:	ROTONDA WEST FL 33947

Title	DIRECTOR
Name	GAINES, MARY
Address	529 PARK ESTATES SQUARE
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	OSBURN, DEB
Address	849 HARVARD
City-State-Zip:	ENGLEWOOD FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELEN RANCK**TREASURE****02/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date