

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35934

Entity Name: ARTS AND HUMANITIES COUNCIL OF CHARLOTTE COUNTY, INC.**FILED**
Apr 26, 2017
Secretary of State
CC4594700921**Current Principal Place of Business:**2702 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952**Current Mailing Address:**2702 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952 US**FEI Number: 65-0178163****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHEESLEY, LATITIA A
2702 TAMIAMI TRAIL
PT. CHARLOTTE, FL 33952 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: LATITIA A. SHEESLEY****04/26/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** IMMEDIATE PAST PRESIDENT
Name KLOSSNER, WILLIAM REV.
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** PRESIDENT
Name GUENTHER, VALERIE
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** TREASURER
Name STETTNER, MELISSA
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** DIRECTOR
Name GALVAN, CELENE
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** DIRECTOR
Name DUKE, JANIE
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** DIRECTOR
Name JAMBOR, AUSTIN
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** DIRECTOR
Name DICKINSON, BOB
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Title** DIRECTOR
Name BATTLE, GINA
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952**Continues on page 2**

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: LATITIA (TISH) SHEESLEY**EXECUTIVE DIRECTOR****04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LISBY, BARB
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952

Title AUTHORIZED AGENT
Name SHEESLEY, LATITIA (TISH)
Address 2702 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33952