

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713816 (7)  
1. Corporation Name  
**VOLUNTARY ACTION CENTER OF LEE COUNTY, FLORIDA, INC. - VOLUNTEER CENTER OF LEE COUNTY, INC.**

Principal Place of Business Mailing Address  
6309 CORPORATE CT. FT. MYERS FL 33919 US  
P O BOX 61039 FT. MYER FL 33906-1039 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1967  
3a. Date of Last Report 04/01/1994  
4. FEI Number 59-1284341  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 7275 Concourse Drive 26 7275 Concourse Drive  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State Fort Myers FL 28 City & State Fort Myers FL  
24 Zip 33908 25 Country Lee 29 Zip 33908 30 Country Lee

9. Name and Address of Current Registered Agent  
COONS, MARY BARBARA  
6309 CORPORATE COURT  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent  
81 Name Coons, Mary Barbara  
82 Street Address (P.O. Box Number is Not Acceptable) Volunteer Center of Lee County  
83 7275 Concourse Drive  
84 City Fort Myers FL 85 Zip Code 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary Barbara Coons* Mary Barbara Coons, Executive Director  
DATE 4/26/95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSHON, WILLIAM R	Delete	12 NAME	Price, Pamela	
STREET ADDRESS	1309 SW 12TH TERR.		13 STREET ADDRESS	887 Ridgeway Drive NW	
CITY - ST - ZIP	CAPE CORAL FL		14 CITY - ST - ZIP	North Fort Myers FL 33903	
TITLE	TD		21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, KATHY	Delete	22 NAME	Mulford, Gail	
STREET ADDRESS	1205 GASPARILLA DR.		23 STREET ADDRESS	Barnett Bank / 13650 Six Mile Cypress Parkway, Fort Myers FL 33912	
CITY - ST - ZIP	FT. MYERS FL 33901		24 CITY - ST - ZIP		
TITLE	VD		31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JENNIFER		32 NAME	Murphy, Jennifer	
STREET ADDRESS	19059 US 41 S		33 STREET ADDRESS	First Union/ 19059 US 41 S	
CITY - ST - ZIP	FT. MYERS FL		34 CITY - ST - ZIP	Fort Myers FL 33908	
TITLE	SD		41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, LAURA	Delete	42 NAME	Sempsrott, Patricia	
STREET ADDRESS	13401 MINI WAY S.E.		43 STREET ADDRESS	764 Friendly Street	
CITY - ST - ZIP	FT. MYERS FL		44 CITY - ST - ZIP	North Fort Myers FL 33903	
TITLE			51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE			61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jennifer B. Murphy* Jennifer Murphy, President  
DATE: 4/26/95  
IDENTIFICATION NUMBER: 8135902100