

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713816 (7)
1. Corporation Name

VOLUNTEER CENTER OF LEE COUNTY, INC.



Principal Place of Business: 7275 CONCOURSE DRIVE FT. MYERS FL 33908 US
Mailing Address: 7275 CONCOURSE DRIVE FT. MYER FL 33908 US

3. Date Incorporated or Qualified: 12/19/1967
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: COONS, MARY BARBARA VOLUNTEER CENTER OF LEE COUNTY 7275 CONCOURSE DRIVE FT. MYERS FL 33908
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary Barbara Coons* (Signature) / Mary Barbara Coons (Typed Name) / Exec. Director (Title) / 4-26-96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	PRICE, PAMELA	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	Vice-Pres., Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 887 RIDGEWAY DRIVE NW	NORTH FT. MYERS FL	1.2 NAME:	Carol Simonds
CITY-ST-ZIP:		1.3 STREET ADDRESS:	2776 Cleveland Ave.
TITLE: TD	MULFORD, GAIL	1.4 CITY-ST-ZIP:	Fort Myers FL 33901
STREET ADDRESS: BARNETT BANK/ 13650 SIX MILE CYPRESS PKWY	FT. MYERS FL	2.1 TITLE: <input checked="" type="checkbox"/> DELETE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP:		2.2 NAME:	Robert Arnall
TITLE: PD	MURPHY, JENNIFER	2.3 STREET ADDRESS:	8060 College Parkway S.W.
STREET ADDRESS: FIRST UNION/ 19059 US 41 S	FT. MYERS FL	2.4 CITY-ST-ZIP:	Fort Myers FL 33919
CITY-ST-ZIP:		3.1 TITLE: <input checked="" type="checkbox"/> DELETE	Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	SEMPSPROTT, PATRICIA	3.2 NAME:	Kathy Adams
STREET ADDRESS: 764 FRIENDLY STREET	NORTH FT. MYERS FL	3.3 STREET ADDRESS:	1250 Gasparilla Drive
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	Fort Myers FL 33901
TITLE:		4.1 TITLE: <input type="checkbox"/> DELETE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	Patricia Sempstrott
STREET ADDRESS:		4.3 STREET ADDRESS:	764 Friendly St.
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	North Fort Myers FL 33903
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 119.07(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: *Patricia Sempstrott* (Signature) / Patricia Sempstrott, President of the Board (Typed Name) / 4-24-96 (Date) / 941-997-6616 (Daytime Phone #)

CR2E037 (12/95)