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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713816

1. Corporation Name
VOLUNTEER CENTER OF LEE COUNTY, INC.

Principal Place of Business 4940 BAYLINE DR. NORTH FT. MYERS FL 33917 US	Mailing Address 4940 BAYLINE DR. NORTH FT. MYERS FL 33917 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/19/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1284341
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COONS, MARY BARBARA VOLUNTEER CENTER OF LEE COUNTY 4940 BAYLINE DRIVE NORTH FT. MYERS FL 33917				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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* Mary Barbara Coons, Exec. Dir. April 13, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGERTY, JAMES	1.2 NAME	
STREET ADDRESS	CAMP DRESSER & MCGEE, 2503 DEL PRADO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNALL, ROBERT	2.2 NAME	
STREET ADDRESS	8060 COLLEGE PARKWAY S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMPSPROTT, PATRICIA	3.2 NAME	
STREET ADDRESS	764 FRIENDLY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President & Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Harold Maupin
STREET ADDRESS		4.3 STREET ADDRESS	2691 Zeligro Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Alva FL 33920
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dorothy Webb
STREET ADDRESS		5.3 STREET ADDRESS	10100 Cypress Cove Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Myers FL 33908
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer & Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Betty Busbee
STREET ADDRESS		6.3 STREET ADDRESS	5901 Briarcliff Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Myers FL 33912

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Robert M. Arnall* Robert M. Arnall 8/13/99 941-489-0100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

President

CR2E037 (11/98)