

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 # 714626 (9)

1. Corporation Name

THE FORT MYERS FLORIDA CHAPTER OF S.P.E.B.S.Q.S.
A., INC.



Principal Place of Business

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

Mailing Address

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
05/21/1968

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

FRATZ, HAROLD
2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-6152341

Applied For
Not Applicable

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 ☒

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

☐ DELETE

NAME

FRATZ, H

STREET ADDRESS

2831 S E 16TH PLACE

CITY-ST-ZIP

CAPE CORAL, FL 00000

TITLE

VD

☒ DELETE

NAME

FARRALL, RICHARD

CITY-ST-ZIP

17000 PIONEER ST
N. FORT MYERS FL

TITLE

TD

☐ DELETE

NAME

GILLEY, JIM

STREET ADDRESS

7276 PELAS CIRCLE

CITY-ST-ZIP

N. FORT MYERS FL

TITLE

P

☒ DELETE

NAME

SUTTER, CHARLES

STREET ADDRESS

906 DEAN WAY

CITY-ST-ZIP

FT. MYERS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

VANCO, JOHN

104 ANDER MAR DR

FORT MYERS BEACH, FL

P

BROOKMAN, BON L.

5 JARUCO CT. JAMAICA BAY

FORT MYERS, FL

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:

Harold Fratz

HAROLD FRATZ

Mar. 27, 1996 (941)542-6538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E037 (12/95)