

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 # 715442 (0)
1. Corporation Name
COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.



Principal Place of Business
**609 NORTH AVENUE
P.O. BOX 725
LEHIGH ACRES FL 33936**

Mailing Address
**609 NORTH AVENUE
P.O. BOX 725
LEHIGH ACRES FL 33936**

3. Date Incorporated or Qualified **10/18/1968** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**BAKER, WILLARD W.
609 NORTH AVENUE
LEHIGH ACRES FL 33936**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, WILLARD W.			1.2 NAME			
STREET ADDRESS	609 NORTH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUMBURG, PHILLIP			2.2 NAME			
STREET ADDRESS	1218 JEFFERSON AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLETON, CURT			3.2 NAME	SD		
STREET ADDRESS	1004 ROBERT AVE			3.3 STREET ADDRESS	ANDERSON, BETH		
CITY-ST-ZIP	LEHIGH ACRES FL			3.4 CITY-ST-ZIP	220 south maple avenue		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Lehigh Acres, FL. 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUL, BOB			4.2 NAME	TD		
STREET ADDRESS	1100 LEE BLVD			4.3 STREET ADDRESS	BERGER, MARVIN		
CITY-ST-ZIP	LEHIGH ACRES FL			4.4 CITY-ST-ZIP	1205 East 3rd ST.		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Lehigh acres, FL. 33936	<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		<input type="checkbox"/> DELETE		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: *Willard W. Baker* WILLARD W. BAKER JAN 18, 1996 941-369-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)