


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90020 050 \*\*\*\*61.25

**DOCUMENT # N07000004477**

1. Entity Name  
**LEE COUNTY SUPPORTING OUR TROOPS INC.**



Principal Place of Business  
**1036 SAND CASTLE ROAD  
 SANIBEL, FL 33957**

Mailing Address  
**1036 SAND CASTLE ROAD  
 SANIBEL, FL 33957**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**26-0156596**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MACKENZIE, ALEX  
 1036 SAND CASTLE ROAD  
 SANIBEL, FL 33957**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TATE, DEWEY	
STREET ADDRESS	27320 HIDDEN RIVER COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CROSS, ALAN	
STREET ADDRESS	6123 STARLING WAY	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRYMOYER, JOHN MD	
STREET ADDRESS	4628 RUE BELLE MER	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAC KENZIE, ALEX	
STREET ADDRESS	1026 SAND CASTLE ROAD	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YORK, CHARLES	
STREET ADDRESS	963 SAND CASTLE ROAD	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIER, CARL	
STREET ADDRESS	214 PALM LAKE	
CITY-ST-ZIP	SANIBEL, FL 33957	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cross, Alan	
STREET ADDRESS	6123 Starling Way	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARL SAWIN	
STREET ADDRESS	Causey Court	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Gilbert Warren	
STREET ADDRESS	Clam Bayou	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **(JOHN W. FRYMOYER)** **Jan 16, 2008** **239-472-9376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #