

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004477

FILED
Apr 19, 2009
Secretary of State

Entity Name: LEE COUNTY SUPPORTING OUR TROOPS INC.

Current Principal Place of Business:

1036 SAND CASTLE ROAD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

1036 SAND CASTLE ROAD
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 26-0156596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROSS, ALAN
Address: 6123 STARLINE WAY
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SAWIN, EARL
Address: CALLSEY CRT
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: FRYMOYER, JOHN MD
Address: 4628 RUE BELLE MER
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: MAC KENZIE, ALEX
Address: 1026 SAND CASTLE ROAD
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: WARREN, GILBERT
Address: CLAM BAYOU
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: MEIER, CARL
Address: 214 PALM LAKE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CROSS, ALAN
Address: 6123 STARLING WAY
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. FRYMOYER MD

SECR

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date