

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004477

FILED  
Jan 06, 2010  
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 (X)**

**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  
Name: CROSS, ALAN  
Address: 6123 STARLING WAY  
City-St-Zip: SANIBEL, FL 33957

Title: D  
Name: HOOVER, HERBERT  
Address: 1075 SANDCASTLE ROAD  
City-St-Zip: SANIBEL, FL 33957

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN W FRYMOYER

S

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date