FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:05

DOCUMENT # **N34371** **(7)**

1. Corporation Name
BOYS & GIRLS CLUBS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
1857 HIGH STREET P.O. BOX 568 FT MYERS FL 33916 US	PO BOX 568 P.O. BOX 568 FT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2013870 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 3925 Canal St
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Ft Myers, Fla
City & State — 28:
Zip — 24: 33916
Country — 25: Lee
Zip — 29:
Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BASTON, GEROGE
1857 HIGH STREET
SUITE D
FT MYERS FL 33916

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable): 3925 Canal Street
93:
94 City: Ft Myers **FL** 95 Zip Code: 33916

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: George Baston — George Baston Executive Director — 5/1/95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WARDEN, CLIFFORD	1.2 NAME	
STREET ADDRESS	3645 FOWLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, MARTY	2.2 NAME	
STREET ADDRESS	220 SE 13TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, KEVIN	3.2 NAME	
STREET ADDRESS	2101 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	Chief Financial Officer	4.1 TITLE	☐ Change ☐ Addition
NAME	William A. Maher	4.2 NAME	
STREET ADDRESS	2038 Henley Place	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Myers, FL 33901	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: X William A Maher — 4/17/95 — 334-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William A. Maher

005037