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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

BOYS & GIRLS CLUBS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
3925 CANAL ST P.O. BOX 568 FT MYERS FL 33916 US	PO BOX 568 P.O. BOX 568 FT MYERS FL 33902-0568 US

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2013870 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
3925 CANAL ST
SUITE D
FT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name: NORMAN H. PENNER, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2016 VISCAYA PARKWAY
83
84 City: CAPE CORAL FL 85 Zip Code: 33990

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: Norman H. Penner Jr. DATE: 1/6/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUTTON, DAPHEN		1.2 NAME	
STREET ADDRESS	7051 CYPRESS TERR STE 110		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMEL, ART		2.2 NAME	
STREET ADDRESS	2222 SECOND ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, TOM		3.2 NAME	
STREET ADDRESS	6304 TRAIL BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MAHER, WILLIAM A		4.2 NAME	
STREET ADDRESS	2038 HENLY PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE: DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME: Leonard Katz	
STREET ADDRESS			5.3 STREET ADDRESS: 506 E. Cape Coral Pkwy	
CITY-ST-ZIP			5.4 CITY-ST-ZIP: Cape Coral, FL 33904	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William A Maher CFO/CPA 2/13/97 941-337-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065917