

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34371

FILED
Apr 16, 2009
Secretary of State

Entity Name: BOYS & GIRLS CLUBS OF LEE COUNTY, INC.

Current Principal Place of Business:

8359 BEACON BOULEVARD
STE 402
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BOULEVARD
STE 402
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-2013870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNNIN, WILLIAM J
8359 BEACON BOULEVARD
STE 402
FORT MYERS, FL 33907 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: DP () Delete
Name: KOENIG, SCOTT
Address: 27200 RIVERVIEW CENTER BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS () Delete
Name: BROWN, TERESA
Address: 1520 LEE STREET
City-St-Zip: FORT MYERS, FL 33901

Title: DVP () Delete
Name: DAVIS, MARCIA
Address: 4224 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: DT () Delete
Name: HERNANDEZ, AL
Address: 3660 CENTRAL AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: LARKIN, JIM
Address: 13051 BELL TOWER DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: BROCK, GREG
Address: 12557 NEW BRITTANY BOULEVARD
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: WILLIAM J. GUNNIN

CPO

04/16/2009

Electronic Signature of Signing Officer or Director

Date