

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738889 (5)

1. Corporation Name

LEHIGH COMMUNITY SERVICES, INC.



Principal Place of Business

**9 BETH STACY BLVD. #206
LEHIGH ACRES FL 33936
US**

Mailing Address

**9 BETH STACY BLVD. #206
LEHIGH ACRES FL 33936
US**

3. Date Incorporated or Qualified
05/03/1977

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1773738

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

**RICE, VERNA LEA
204 NORTH 8TH AVE.
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MATHENY, CHARLES**
STREET ADDRESS **18413 ORANGECREST CT. SW**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE **VD** ☐ DELETE
NAME **JACKSON, DEBBIE**
STREET ADDRESS **325 ROOSEVELT AVENUE**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE **TD** ☐ DELETE
NAME **HEDRICK, MARY L.**
STREET ADDRESS **214 S MAPLE AVE.**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE **SD** ☐ DELETE
NAME **MATHENY, PATRICIA**
STREET ADDRESS **1110 HOMESTEAD RD.**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ DELETE
NAME **KESSLER, MYRA**
STREET ADDRESS **201 E JOEL BLVD**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ DELETE
NAME **RAULERSON, LAUREL**
STREET ADDRESS **2701 LEE BLVD**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Mary L. Hedrick Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/96 941-369-6184

CR2E037 (12/95)