


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

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| NON-PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33936-6043 US |
|--|---|

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/03/1977 | 3a. Date of Last Report 01/25/1996 |
| 4. FEI Number 59-1773738 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> DELETE |
| NAME | MATHENY, CHARLES | |
| STREET ADDRESS | 18413 ORANGECREST CT. SW | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JACKSON, DEBBIE | |
| STREET ADDRESS | 325 ROOSEVELT AVENUE | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HEDRICK, MARY L. | |
| STREET ADDRESS | 214 S MAPLE AVE. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MATHENY, PATRICIA | |
| STREET ADDRESS | 1110 HOMESTEAD RD. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KESSLER, MYRA | |
| STREET ADDRESS | 201 E JOEL BLVD | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | D | <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **4/29/97** **941-368-3308**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057295

CR2E037 (9/96)