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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738889

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/03/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1773738	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	MATHENY, CHARLES	1.2 NAME	DEBBIE L. DOSTER
STREET ADDRESS	18413 ORANGECREST CT. SW	1.3 STREET ADDRESS	4114 5th St SW
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE	VD	2.1 TITLE	
NAME	JACKSON, DEBBIE	2.2 NAME	
STREET ADDRESS	325 ROOSEVELT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HEDRICK, MARY L.	3.2 NAME	
STREET ADDRESS	214 S MAPLE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MATHENY, PATRICIA	4.2 NAME	
STREET ADDRESS	1110 HOMESTEAD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KESSLER, MYRA	5.2 NAME	
STREET ADDRESS	201 E JOEL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RAULERSON, LAUREL	6.2 NAME	
STREET ADDRESS	2701 LEE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	6.4 CITY-ST-ZIP	

14. I 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, with an officer like empowered.

SIGNATURE:

[Signature]

Jan 29, 99 941-368-4800