


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90309 012 \*\*\*\*61.25

<b>DOCUMENT # 738889</b> 1. Entity Name <b>LEHIGH COMMUNITY SERVICES, INC.</b>					
Principal Place of Business <b>9 BETH STACY BLVD, #206</b> <b>LEHIGH ACRES, FL 33936 US</b>			Mailing Address <b>9 BETH STACY BLVD, #206</b> <b>LEHIGH ACRES, FL 33936 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1773738</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>6. Name and Address of Current Registered Agent</b>   <b>RICE, VERNAL</b>  <b>1614 RIDGECREST</b>  <b>LEHIGH ACRES, FL 33936</b> </div> <div> <b>7. Name and Address of New Registered Agent</b>             Name            Street Address (P.O. Box Number is Not Acceptable)            City         </div> </div>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Verna L Rice</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>03-08-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>CULVER, VICKI</b> <b>9 HOMESTEAD RD.</b> <b>LEHIGH ACRES, FL 33936</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete <b>LUCAS, DEBBIE</b> <b>325 ROOSEVELT AVENUE</b> <b>LEHIGH ACRES, FL 33936</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James Sands</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 1401</b> <b>Lehigh Acres, FL 33970</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>DOSTER, DEBBIE L</b> <b>4114 5TH STREET S.W.</b> <b>LEHIGH ACRES, FL 33971</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>MIDDLETON, BILL</b> <b>1500 LEE BLVD</b> <b>LEHIGH ACRES, FL 33936</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Goldsberry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1413 Caywood Circle S.</b> <b>Lehigh Acres, FL 33936</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KESSLER, MYRA</b> <b>201 E JOEL BLVD</b> <b>LEHIGH ACRES, FL 33936</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>THOMPSON, KEN</b> <b>1150 LEE BLVD</b> <b>LEHIGH ACRES, FL 33936</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 extend this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>03-08-05</u> DAYTIME PHONE # <u>239-369-0021</u>		