

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 705993

1. Entity Name
NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.



Principal Place of Business
**V.I.P. CENTER, INC.
35 S MARIANA AVE
N FT MYERS, FL 33903 US**

Mailing Address
**N. F. M. L. C. C., INC.
P O BOX 3036
N. FT MYERS, FL 33918 US**

FILED

05 NOV 10 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172005 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number
59-6153142

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, GARLICK
1260 PONDELLA CIRCLE
NORTH FT MYERS, FL 33903**

Name **VINCENT A. PANETTIERI**

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

1214 PONDELLA CIR

City **NORTH FORT MYERS, FL** Zip **33917**

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

Vincent A. Panettieri TD

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

(NOTE: Registered Agent signature required when reinstating)

10-18-05

DATE

**FILE NOW! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **PANETTIERI, VINCENT A**
STREET ADDRESS **1214 PONDELLA CIRCLE**
CITY-ST-ZIP **NORTH FT MYERS, FL 33903**

TITLE **SD** ☐ Delete
NAME **GARLICK, MORRIS**
STREET ADDRESS **1260 PONDELLA CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **PD** ☐ Delete
NAME **BLAKE, ELLA MAE**
STREET ADDRESS **533 SUNSHINE AVE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **D** ☐ Delete
NAME **FISCHER, WILLIAM**
STREET ADDRESS **938 MOODY RD**
CITY-ST-ZIP **NORTH FT MYERS, FL 33903**

TITLE **SD** ☐ Delete
NAME **THOMAS, EVA**
STREET ADDRESS **173 CELESTIAL WAY**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800060855368
10/21/05--01030--0103 **236.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 execute 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:

Vincent A. Panettieri TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-05 239-995-0043

Date

Daytime Phone #