

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002597

Entity Name: LEE RESEARCH AND DEVELOPMENT ENTERPRISES CORP.**Current Principal Place of Business:**834 SW 1ST STREET
FLORIDA CITY , FL 33034**Current Mailing Address:**LEE RESEARCH AND DEVELOPMENT ENTERPRISES CORP.
PO BOX 900797
HOMESTEAD, FL 33090 US**FEI Number:** 45-0625959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, DEMARIO C
834 SW 1ST STREET
FLORIDA CITY , FL 33034 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LEE, DEMARIO C SR.
Address	834 SW 1ST STREET
City-State-Zip:	FLORIDA CITY FL 33034

Title	BM
Name	LEE, DILLIN
Address	834 SW 1ST ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	OTHER
Name	LEE, DEMARIO C JR.
Address	834 SW 1ST STREET
City-State-Zip:	FLORIDA CITY FL 33034

Title	OTHER
Name	BAILEY, KEIMYLO
Address	197 SW 7TH STREET
City-State-Zip:	HOMESTEAD CITY FL 33034

Title	BM
Name	LEE, DECRISY
Address	834 SW 1ST ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	BM
Name	TENNER, DEUNTA
Address	834 SW 1ST ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	OTHER
Name	LEE-GAYTON, DYLAN
Address	834 SW 1ST STREET
City-State-Zip:	FLORIDA CITY FL 33034

Title	OTHER
Name	TENNER, VERLENE
Address	834 SW 1ST STREET
City-State-Zip:	FLORIDA CITY FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEMARIO CHRIS LEE**PRESIDENT****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date