

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003462

FILED
Apr 09, 2019
Secretary of State
3789905762CC

Entity Name: THE FOSSIL CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

7342 POPHAM DRIVE
FORT MYERS, FL 33919

Current Mailing Address:

7342 POPHAM DRIVE
FORT MYERS, FL 33919 US

FEI Number: 90-0983825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKER, JOHN M ESQ
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907 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 DIRECTOR, VICE PRESIDENT
Name SIMMONS, LINDA
Address 6740 CHEROKEE AVE
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR, PRESIDENT
Name MEYER, BETH
Address 4266 SW 42ND ST
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR
Name HART, DEAN
Address 23091 ELMIRA BOULEVARD
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name COPELAND, BRIAN
Address 4216 17TH ST. SW
City-State-Zip: LEHIGH ACRES FL 33976

Title DIRECTOR
Name SEEHAVER, DAVE
Address 7342 POPHAM DR
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR, TREASURER
Name SEEHAVER, JEANNE
Address 7342 POPHAM DRIVE
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR, SECRETARY
Name NOAH, JOEL
Address 503 SE 13TH ST.
City-State-Zip: CAPE CORAL FL 33990

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: MEYER , BETH

PRESIDENT

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date