

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000012848

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**8096207242CC**

**Entity Name:** LEHIGH ACRES COMBAT TRAUMA SUPPORT GROUP INC.

**Current Principal Place of Business:**

5208 LEE ST  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

5208 LEE ST  
LEHIGH ACRES, FL 33971 US

**FEI Number: 87-3776069**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HURLEY, PATRICIA  
1439 ARCHER STREET  
LEHIGH ACRES, FL 33936 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:** HURLEY, PATRICIA

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SLONE, MICHAEL  
Address 5208 LEE ST  
City-State-Zip: LEHIGH ACRES FL 33971

Title D  
Name HURLEY, PATRICIA  
Address 5208 LEE ST  
City-State-Zip: LEHIGH ACRES FL 33971

Title D  
Name KEITH, HERSHALL  
Address 5208 LEE ST  
City-State-Zip: LEHIGH ACRES FL 33971

Title CHAIRMAN, DIRECTOR  
Name LOVE, MICHAEL A  
Address 1853 ROCK HAVEN COURT  
City-State-Zip: LEHIGH ACRES FL 33972

*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:** MICHAEL KERRY SLONE

**PRESIDENT /DIRECTOR**

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date