


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



07042006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6153142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PANETTIERI, VINCENT A
1214 PONDELLA CIRCLE
NORTH FORT MYERS, FL 33917**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANETTIERI, VINCENT A 1214 PONDELLA CIRCLE NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARLICK, MORRIS 1260 PONDELLA CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKE, ELLA MAE 533 SUNSHINE AVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, WILLIAM 938 MOODY RD NORTH FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, EVA 173 CELESTIAL WAY NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000570057
07/13/06-80015-016 61.25

U00000570057
07/13/06-80015-017 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **7-11-06 239-995-8043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT A. PANETTIERI

Date Daytime Phone #