## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

708764

(6)

THE LEE COUNTY MISSION BOARD, INC.									
Principal Place	of Puninger	Mailing Address				-			
•		-							
10320 GLADIOLUS DRIVE 10320 GLADIO P.O. BOX 892 P.O. BOX 892									
FT. MYERS FL 33902-7892 FT. MYERS FL 33902-7892			902-7892			2. Data becomed as O solified	2n Date of Local	Booot	
						3. Date Incorporated or Qualified 04/08/1965	3a. Date of Last 10/16/1	995	
2. Principal Pla	ice of Business	<b>⊢</b>	2a. Mailing Address			4. FEI Number 23-7378076	<del></del>	Applied For	
Suite, Apt. #	t ete	Suite Act # o	Suite, Apt. #, etc.			25 1510010		Not Applicable  5 Additional	
22 30 te, Apr. 1	, etc.	· ·	27			5. Certificate of Status Desired		Required	
City & State		City & State	<u></u>			6. Election Campaign Financing	_ \$5.0	00 May Be	
23		28	28			Trust Fund Contribution	Adde	ed to Fees	
Žip	Country	Z <sub>i</sub> p	Count	try		8. This corporation has liability for int		. 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent		[30]			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cur-	lett registered Agent		31	Name	10. Hamo and Address of Heir Hey	Natarag Agont		
ZAGI ANI	CONV REDNADO I								
ZAGLANICZNY, BERNARD J 6300 S. POINTE BLVD., #453			•	32	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	IS FL 33919		Ē	33			<del></del>		
			ļ.	14	City		85 Z	ip Code	
					•		FL   "	·]	
11. Pursuant t	o the provisions of Sections 617.08	502 and 617.1508, Florida S	Statutes, the above	e-na	amed corpora	ation submits this statement for the purpo of directors. I hereby accept the appoin	ose of changing its	registered office	
familiar wit	h, and accept the obligations of, S	ection 617.0503, Florida St	atutes.		70.101.10.200.10	o c. a.cotolo. The oct and appropriate		g	
SIGNATURE _	and the back of the the territory						DATE		
12.	Signature, typed or printed name of registered a OFFICERS.	gent and title if applicable  AND DIRECTORS	(NOTE: Registered A	gent s	signature required	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	Р	DELET		E	F		XX Change	☐ Addition	
NAME	HOLMAN, ELMER C	<del></del>	1.2 NAM	4E	T.	Varren Schoonmaker		·	
STREET ADDRESS	7198 VASSAR DRIVE, SW		13 STR	EET A	ADDRESS 1	12170 Kelly Sands Way			
CIFY-ST-ZIP	FT. MYERS FL		1.4 CIT	(-ST-	- ZIP F	Et. Myers, FL 33908			
TITLE	VP	DELET	E 2.1 TITL	.E			XX Change	☐ Addition	
NAME	SCHOOMAKER, WARREN		2 2 NAM	Æ		Or.Bruce Merton			
STREET ADDRESS	12170 KELLY SANDS WAY		2 3 STR	EET A		3260 Cypress Lake Dr.			
C(TY - ST - Z(P	FT. MYERS FL 33908	Flority	2 4 CIT		r-ziP <b>t</b>	Ft. Myers, FL 33919-5	118 Change	Addition	
TITLE	D LOUCDEN ADTUUD	DELET					[_] change	Addition	
NAME	LOVGREN, ARTHUR 3430 SE 2ND PLACE		3 2 NAM		ADDRESS			Ī	
STREET ADDRESS	CAPE CORAL FL		3 4. Cif						
CITY-ST-ZIP TITLE	T	DELET					☐ Change	☐ Addition	
NAME	LOVGREN, JEAN	<del></del> * *	4 2 NA						
STREET ADDRESS	3430 SE 2ND PLACE				ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		4.4 CHT	Y-ST	- ZIP				
TITLE	S	DELET	E 51 TITL	.E			☐ Change	Addition	
NAME	CHAMBERLIN, MILLIE		5 2 NAI	ΝE					
STREET ADDRESS	36 BARKLEY CIRCLE, STE	. 317	5.3 STF	EET A	address				
CITY - ST - ZIP	FT. MYERS FL 33907		5.4 CIT		·ZIP			<b>—</b>	
TITLE	D	☐ DELET					Change	Addition	
NAME	EVERETT, JULIA		6 2 NA						
STREET ADDRESS	10696 GLADIOLUS DRIVE				ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908	( 10 it is 60 is 10 it is	6 4 CIT	Y-ST	- ZIP	the averation stated in Continue 110.0	7/0)/IJ Finder Care	des 16 utbox	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_