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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708764 (6)

1. Corporation Name
THE LEE COUNTY MISSION BOARD, INC.

Principal Place of Business	Mailing Address
10320 GLADIOLUS DRIVE P.O. BOX 892 FT. MYERS FL 33902-7892	10320 GLADIOLUS DRIVE P.O. BOX 892 FT. MYERS FL 33902-0892

3. Date Incorporated or Qualified: 04/08/1965
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address
21 10320 Gladiolus Drive	26 P.O. Box 08072
Suite, Apt #, etc. 22 P.O. Box 08072	Suite, Apt. #, etc. 27
City & State 23 Ft. Myers, Florida	City & State 28 Ft. Myers, Florida
Zip / Country 24 33908-8072 / 25 Lee	Zip / Country 29 33908-8072 / 30 Lee

4. FEI Number: 23-7378076 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAGLANICZNY, BERNARD J
6300 S. POINTE BLVD., #453
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Paul A. Cooper
82 Street Address (P.O. Box Number is Not Acceptable): 7047 E. Brandywine Cir.
83
84 City: Ft. Myers, FL 85 Zip Code: 33919-7330

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Paul A. Cooper, Pres. — MAY 15, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHOONMAKER, WARREN 12170 KELLY SANDS WAY FT. MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Paul A. Cooper 7047 E. Brandywine Cir/ Ft. Myers, FL 33919-7330	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DR. MERTON, BRUCE 8280 CYPRESS LAKE DR. FT. MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Einer Holman 7193 Vassar Dr. S.W. Ft. Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVGREN, ARTHUR 3430 SE 2ND PLACE CAPE CORAL FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Bob Emmert 13277 Broadhurst Loop S. Ft. Myers, FL 33919-8122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOVGREN, JEAN 3430 SE 2ND PLACE CAPE CORAL FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAMBERLIN, MILLIE 36 BARKLEY CIRCLE, STE. 317 FT. MYERS FL 33907	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, JULIA 10696 GLADIOLUS DRIVE FT. MYERS FL 33908	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED — Jean E. Lovgren, Treas. — 5/16/97 — (941) 549-2469
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #