FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:51

DOCUMENT # **708946** **(9)**

1. Corporation Name
COMMUNITY COORDINATING COUNCIL OF LEE COUNTY, IN CORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 61039 FT. MYERS FL 33906-1039	P.O. BOX 61039 FT. MYERS FL 33906-1039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1965
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-6162016 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7275 Concourse Drive	26 7275 Concourse Drive
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Fort Myers FL	28 City & State: Fort Myers FL
24 Zip: 33908 25 Country: Lee	29 Zip: 33908 30 Country: Lee

9. Name and Address of Current Registered Agent

KRAFT, LAWRENCE J.
6309 CORPORATE COURT #B
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7275 Concourse Drive
83
84 City: FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	STARNES, HUGH	12 NAME		
STREET ADDRESS	1700 MONROE ST.	13 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	33901	
TITLE	VD	21 TITLE	P	☒ Change ☐ Addition
NAME	TUTTLE, BETH	22 NAME		
STREET ADDRESS	12800 UNIVERSITY DR #560	23 STREET ADDRESS	2000 MAIN STREET	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	33901	
TITLE	TD	31 TITLE	V	☒ Change ☐ Addition
NAME	REITMAN, MICHAEL	32 NAME		
STREET ADDRESS	4571 COLONIAL BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	33901	
TITLE	SD	41 TITLE	TD	☐ Change ☒ Addition
NAME	~~DUFFALA, DENNIS~~	42 NAME	ROBINSON, DAVID	
STREET ADDRESS	~~1700 MONROE CT~~	43 STREET ADDRESS	5668 JERUE COURT	
CITY-ST-ZIP	~~FT. MYERS FL~~	44 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	ESCALLE, MEA	52 NAME	meg	
STREET ADDRESS	10291 MCGREGOR BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	33901	
TITLE	D	61 TITLE	V	☐ Change ☒ Addition
NAME	~~DALTRY, WAYNE~~	62 NAME	GARY HUDSON	
STREET ADDRESS	~~4000 BAYLINE DR.~~	63 STREET ADDRESS	HEALTH PARK DRIVE	
CITY-ST-ZIP	~~N. FT. MYERS FL~~	64 CITY-ST-ZIP	FORT MYERS FL 33919	

14. 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: Beth Tuttle 2/14/95 813/477-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060360