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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708946 (9)

1. Corporation Name

COMMUNITY COORDINATING COUNCIL OF LEE COUNTY, IN
CORPORATED

Principal Place of Business

7275 CONCOURSE DRIVE
FT. MYERS FL 33908
US

Mailing Address

7275 CONCOURSE DRIVE
FT. MYERS FL 33908-2644
US3. Date Incorporated or Qualified
05/17/19653a. Date of Last Report
03/15/19964. FEI Number
59-6162016Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

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9. Name and Address of Current Registered Agent

SMITH, CLIFFORD W
7275 CONCOURSE DRIVE
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STARNES, HUGH
STREET ADDRESS 1700 MONROE ST.
CITY-ST-ZIP FT. MYERS FLTITLE P ☐ DELETE
NAME TUTTLE, BETH
STREET ADDRESS 2000 MAIN STREET
CITY-ST-ZIP FT. MYERS FLTITLE V ☒ DELETE
NAME REITMAN, MICHAEL
STREET ADDRESS 4571 COLONIAL BLVD
CITY-ST-ZIP FT. MYERS FLTITLE TD ☒ DELETE
NAME ROBINSON, DAVID
STREET ADDRESS 5668 JEREZ COURT
CITY-ST-ZIP FT. MYERS FLTITLE D ☐ DELETE
NAME ESCALLE, MEG
STREET ADDRESS 10291 MCGREGOR BLVD
CITY-ST-ZIP FT. MYERS FLTITLE V ☒ DELETE
NAME HUDSON, GARY
STREET ADDRESS HEALTH PARK DRIVE
CITY-ST-ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Karen Hawes
1.3 STREET ADDRESS 83 Pondella Rd., Suite 1
1.4 CITY-ST-ZIP N. Fort Myers, FL 339032.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Phil Dorsey
2.3 STREET ADDRESS P.O. Box 60085 (N/A)
2.4 CITY-ST-ZIP Ft. Myers, FL 33906-00853.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Kevin Lewis
3.3 STREET ADDRESS 2101 McGregor Blvd.
3.4 CITY-ST-ZIP Ft. Myers, FL 339014.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Pat Riley
4.3 STREET ADDRESS 2525 Central Ave.
4.4 CITY-ST-ZIP Ft. Myers, FL 339015.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Geltner, Meg
5.3 STREET ADDRESS 10291 McGregor Blvd.
5.4 CITY-ST-ZIP Ft. Myers, FL 339196.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941/477-3920

CR2E037 (9/96)