

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 713816 (7)

1. Corporation Name

VOLUNTEER CENTER OF LEE COUNTY, INC.



Principal Place of Business

Mailing Address

7275 CONCOURSE DRIVE  
FT. MYERS FL 33908  
US

7275 CONCOURSE DRIVE  
FT. MYER FL 33908  
US

3. Date Incorporated or Qualified  
12/19/1967

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1284341

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

10. Name and Address of New Registered Agent

COONS, MARY BARBARA  
VOLUNTEER CENTER OF LEE COUNTY  
7275 CONCOURSE DRIVE  
FT. MYERS FL 33908

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

*Mary Barbara Coons*  
Signature, typed or printed name of registered agent and title if applicable

Mary Barbara Coons

4-26-96

(NOTE: Registered Agent signature required when re-registering)

Exec. Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE  
NAME PRICE, PAMELA  
STREET ADDRESS 887 RIDGEWAY DRIVE NW  
CITY-ST-ZIP NORTH FT. MYERS FL

1.1 TITLE Vice-Pres., Director ☐ Change ☒ Addition  
1.2 NAME Carol Simonds  
1.3 STREET ADDRESS 2776 Cleveland Ave.  
1.4 CITY-ST-ZIP Fort Myers FL 33901

TITLE TD ☒ DELETE  
NAME MULFORD, GAIL  
STREET ADDRESS BARNETT BANK/ 13650 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE Secretary, Director ☐ Change ☒ Addition  
2.2 NAME Robert Arnall  
2.3 STREET ADDRESS 8060 College Parkway S.W.  
2.4 CITY-ST-ZIP Fort Myers FL 33919

TITLE PD ☒ DELETE  
NAME MURPHY, JENNIFER  
STREET ADDRESS FIRST UNION/ 19059 US 41 S  
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE Treasurer, Director ☐ Change ☒ Addition  
3.2 NAME Kathy Adams  
3.3 STREET ADDRESS 1250 Gasparilla Drive  
3.4 CITY-ST-ZIP Fort Myers FL 33901

TITLE SD ☐ DELETE  
NAME SEMPSROTT, PATRICIA  
STREET ADDRESS 764 FRIENDLY STREET  
CITY-ST-ZIP NORTH FT. MYERS FL

4.1 TITLE President, Director ☒ Change ☐ Addition  
4.2 NAME Patricia Sempstrott  
4.3 STREET ADDRESS 764 Friendly St.  
4.4 CITY-ST-ZIP North Fort Myers FL 33903

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 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 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:

*Patricia Sempstrott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Sempstrott, President of the Board

4-24-96

941-997-6616