

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713816** (7)

1. Corporation Name

VOLUNTEER CENTER OF LEE COUNTY, INC.

Principal Place of Business 7275 CONCOURSE DRIVE FT. MYERS FL 33908 US	Mailing Address 7275 CONCOURSE DRIVE FT. MYER FL 33908-2644 US	3. Date Incorporated or Qualified 12/19/1967	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 4940 Bayline Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 4940 Bayline Drive Suite, Apt. #, etc. 27	4. FEI Number 59-1284341	Applied For Not Applicable
City & State 23 North Fort Myers FL Zip 24 33917	City & State 28 North Fort Myers FL Zip 29 33917	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 Lee	Country 30 Lee	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) Volunteer Center of Lee County
83	4940 Bayline Drive
84 City North Fort Myers	85 Zip Code FL 33917

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

Mary Barbara Coons, Executive Dir. 4/9/97

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	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONDS, CAROL	1.2 NAME	
STREET ADDRESS	2776 CLEVELAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNALL, ROBERT	2.2 NAME	
STREET ADDRESS	8080 COLLEGE PARKWAY S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KATHY	3.2 NAME	
STREET ADDRESS	1250 GASPARILLA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMPROTT, PATRICIA	4.2 NAME	
STREET ADDRESS	764 FRIENDLY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	James Hagerty
STREET ADDRESS		5.3 STREET ADDRESS	Camp Dresser & McGee
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2503 Del Prado Blvd., Suite 200
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Cape Coral FL 33904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

James Hagerty

4/9/97 (941) 574-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056296

CR2E037 (9/96)