

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90047 019 ****61.25

DOCUMENT # 714626

1. Entity Name

THE FORT MYERS/ESTERO ISLAND FLORIDA CHAPTER
OF S.P.E.B.S.Q.S.A., INC.



Principal Place of Business

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

Mailing Address

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6152341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRATZ, HAROLD
2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME FRATZ, H ☐ Delete
STREET ADDRESS 2831 S E 16TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE TD
NAME MARS, CURTIS ☒ Delete
STREET ADDRESS 3123 INDIAN-VILLAGE LANE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE P
NAME SUTTER, CHARLES E ☐ Delete
STREET ADDRESS 33919
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VD
NAME GEORGE, TONY ☐ Delete
STREET ADDRESS 4463 LAKE HEATHER CIRCLE
CITY-ST-ZIP SAINT JAMES CITY FL 33956-2186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Fratz* HAROLD FRATZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04
Date

239-542-6538
Daytime Phone #