## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #
1. Corporation Name

(3)

### LEE COUNTY HUMANE SOCIETY

Principal Place	e of Busines	s	Mailing Address					1 SABIH IBEG ANNI DIDIK REDA ENDIA DON BIDIK ARDIK DIDIK	101		
2010 ARCADIA ST FORT MYERS FL 33916 US			PO BOX 50430 FORT MYERS FL 33994-0430 US								
								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1998	<sup>n</sup>		
2. Principal Pi	ace of Busin	ness		2a. Mailing Address 26				4. FEI Number Applied For 59-0806978 Not Applicable			
Suite, Apt.	#, etc		Suite, Apt. #, etc.					\$8.75 Addi			
22			27					5. Certificate of Status Desired Fee Requir			
City & State	9		<b>├</b> ──	City & State				6. Election Campaign Financing \$5.00 May			
<b>Z</b> ip		Country	Zip Cou			ntr.	Trust Fund Contribution				
24	25		29	~, <del>                                    </del>		Unitry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent							<del></del>	10. Name and Address of New Registered Agent			
· ····································		,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ж.,_			61	Name				
SNOW, BARBARA						82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
2010 AR		ŀ	B3		<del></del>						
FT. MYERS FL 33918											
						84	City	FL 85 Zip Code	e		
11. Pursuant I office or re agent. I a	to the provis egistered ac m familiar w	ions of Sections 617,050; gent, or both, in the State ith, and accept the obliga	2 and 617 of Florida itions of, S	.1508, Florida Statute Such change was a Section 617.0503, Flo	es, the ab outhorized orida Statu	ove by	e-named co the corpor	orporation submits this statement for the purpose of changing its re- ration's board of directors. I hereby accept the appointment as regi	gistered istered		
SIGNATURE _			····		<del></del> -		<del></del>				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  12. OFFICERS AND DIRECTORS  13						Age	ent eignature req	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	J 12		
TITLE	PD	OFFICERS AND	DINECT	DELETE	1.1 TIT	LE			Addition		
NAME		17				ME	ſ	PAUL DOUGLASS, DVM			
STREET ADDRESS					1.3 ST	STREET ADDRESS   9540 CYPRESS LAKE DRIVE					
CITY-ST-ZIP	SANIBEL FL 1.4				1.4 CIT	Y-\$		MYFRS FL 33949			
TITLE	DVP \(\sum_{\text{X}}\) DELETE				2.1 TIT	4 4		DVP (X) Change	Addition		
NAME	MCGILL, DIANE E. 23					ME	1.	JEFF COCHRAN	ì		
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							2530 EQUESTRIAN CIRCLE #409			
CITY-S1-ZIP		RS FL 33919		Ted Spirite	2. 4 CI	_	ST-ZIP	FT. MYERS, FL 33907	1 3 4 5 5		
TITLE	VD			DELETE	3.1 TIT			y <sub>0</sub>	J Addition		
NAME		L, BAYARD			32 NA			HARRY B. PLACE, JR.	l		
STREET ADDRESS		AGLES FLIGHT LANE RS FL 33912						9115 ASTER ROAD			
DITY-ST-ZIP	TD	NO FE GOSTE		X) DELETE	3.4. CI 4.1 TIT			FT. MYERS, FL 33912	Addition		
NAME		HARRY JR.		W-M Section	4. 2 NA			TD			
STREET ADDRESS		STER RD.						CLAYTON W. ERNST			
CITY-ST-ZIP		ERS FL 33912			4.4 CIT			8501 FORDHAM STREET FT. MYERS. FL 33907	1		
TITLE	ED	PIN TH WWIT		DELETE	5.1 TIT				Addition		
NAME		BARBARA		•	5.2 NA	ME	1				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

LAWRENCE J.

2919 5th STREET WEST

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3401 WINKLER AVE. EXT. #107

FT MYERS FL 33916

PAUL DOUGLAD, DVM

9540 CYPRESS LAKE DR.

**X** DELETE

Change Addition

FILED

Mar 31 1997 8:00am

Secretary of State

# LEE COUNTY HUMANE SOCIETY, INC.



Mailing Address: P.O. Box 50430, Fort Myers, FL. 33994-0430 Shelter Address: 2010 Arcadia Street, Fort Myers, FL. 33916

Phone: (941) 332-0364 / Fax: (941) 337-7465



### CORPORATION ANNUAL REPORT Page 2

### **DIRECTORS** (continued)

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Ft. Myers, FL 33901

DIRECTOR
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Ft. Myers, FL 33912

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