

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90163 006 ****61.25

DOCUMENT # 725726

1. Corporation Name

LEHIGH ACRES FISH ORGANIZATION, INC.

Principal Place of Business

125 SEBRING CIR
LEHIGH ACRES FL 33972
US

Mailing Address

125 SEBRING CIR
LEHIGH ACRES FL 33972
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/05/1973

4. FEI Number

59-1540834

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

9. Name and Address of Current Registered Agent

NETTER, HERBERT C
125 SEBRING CIR
LEHIGH ACRES FL 33972

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 PD ☐ DELETE

NAME NETTER, HERBERT C
STREET ADDRESS 125 SEBRING CIR
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE VD ☐ DELETE

NAME PURSEL, GLENN W
STREET ADDRESS 10603 ROXBURY CT
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE TD ☐ DELETE

NAME LANDES, ABE
STREET ADDRESS 101 RICHMOND AVE S.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE SD ☐ DELETE

NAME FITZPATRICK, JAMES W
STREET ADDRESS 108 JAYSIDE LN S.E.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE D ☐ DELETE

NAME LIVINGSTONE, WILLIAM S
STREET ADDRESS 680 MORNINGMIST LANE
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE D ☐ DELETE

NAME HUFNAGEL, CARL
STREET ADDRESS 10512 NEWBERRY CT
CITY-ST-ZIP LEHIGH ACRES, FL 00000

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: JAMES FITZPATRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)