

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 # 750012 (7)

1. Corporation Name

LEE ALLIANCE FOR RESPONSIBLE ADOLESCENT PARENTING, INC.

Principal Place of Business

2421 E. MALL DRIVE
FORT MYERS FL 33901
US

Mailing Address

2421 E. MALL DRIVE
FORT MYERS FL 33901
US



3. Date Incorporated or Qualified
12/03/1979

3a. Date of Last Report
09/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2274697

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

Country

Zip

Country

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

DE ROSE, ANN M.
19570 WATERS WAY
FT. MYERS FL 33912

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TUTTLE, BETH
STREET ADDRESS 2408 SE 15TH TERRACE
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MAUKSH, INGABORG
STREET ADDRESS 743 DURION CT
CITY-ST-ZIP SANIBEL FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME SOWERS, JAMES M
STREET ADDRESS 1470 ROYAL PALM SQ BLVD
CITY-ST-ZIP FT MYERS FL ☒ DELETE

3.1 TITLE S/TD ☐ Change ☒ Addition
3.2 NAME Tomich, Lois D
3.3 STREET ADDRESS 19125 Meadow Brook Court
3.4 CITY-ST-ZIP North Fort Myers, FL 33903

TITLE SD
NAME LUCREZI, CATHY
STREET ADDRESS 4243 ELLEN AVENUE
CITY-ST-ZIP FORT MYERS FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME DEROSE, ANN M.
STREET ADDRESS 19570 WATERS WAY
CITY-ST-ZIP FORT MYERS FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
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: Ann M DeRose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 March 1996 941/275-8915
Date Daytime Phone #

CR2E037 (12/95)