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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750012 (7)

1. Corporation Name

LEE ALLIANCE FOR RESPONSIBLE ADOLESCENT PARENTIN
G, INC.

Principal Place of Business

Mailing Address

2421 E. MALL DRIVE
FORT MYERS FL 33901
US2421 E. MALL DRIVE
FORT MYERS FL 33901-9118
US3. Date Incorporated or Qualified
12/03/19793a. Date of Last Report
03/22/1996

4. FEI Number

59-2274697

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

ANN M. DE ROSE

(NOTE: Registered Agent signature required when reinstating)

2/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TUTTLE, BETH	
STREET ADDRESS	2406 SE 15TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAUKSH, INGABORG	
STREET ADDRESS	743 DURIUM CT	
CITY-ST-ZIP	SANIBEL FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TOMICH, LOIS D.	
STREET ADDRESS	19125 MEADOW BROOK COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEROSE, ANN M.	
STREET ADDRESS	19570 WATERS WAY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CECELIA STEVENS	
1.3 STREET ADDRESS	3717 SW 14th PL	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33904	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL TRUEBLOOD	
2.3 STREET ADDRESS	4801 SHADY RIVER LN	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33905	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JENNOLD ROUBY	
3.3 STREET ADDRESS	1330 ALCAR AVE	
3.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	APRIL PEPPIN	
4.3 STREET ADDRESS	8760 CHATHAM ST	
4.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
5.1 TITLE	TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	INGABORG MAUKSH	
5.3 STREET ADDRESS	13223 HEATHER RIDGE LOOP	
5.4 CITY-ST-ZIP	FT. MYERS FL	
6.1 TITLE	ANN DE ROSE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

ANN M. DE ROSE

2/14/97

941
267-9363

Date

Daytime Phone # 0055820

CR2E037 (9/96)