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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767525 (9)

1. Corporation Name

NORTH FORT MYERS SENIOR CENTER INC.



Principal Place of Business

5170 ORANGE GROVE BLVD.  
NORTH FORT MYERS FL 33903

Mailing Address

5170 ORANGE GROVE BLVD.  
NORTH FORT MYERS FL 33903

3. Date Incorporated or Qualified

03/17/1983

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HUTTON, BILL  
33 LIGONIER DRIVE, NE  
NORTH FORT MYERS FL 33903~~

81 Name CUSTER, GEORGE

82 Street Address (P.O. Box Number is Not Acceptable)  
1005 S.E. 40th St.

83

84 City CAPE CORAL FL 85 Zip Code 33904

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 GEORGE CUSTER, Pres.

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

NOTE: Registered Agent signature required when reinstating

DATE

2/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME HUTTON, BILL  
STREET ADDRESS 33 LIGONIER DR., N.E.  
CITY-ST-ZIP N. FT MY ☒ DELETE

TITLE ~~VP~~ P/D  
NAME CUSTER, GEORGE  
STREET ADDRESS 1005 SE 40TH ST  
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE DS  
NAME EGGERT, JUDY  
STREET ADDRESS 2216 SE 3RD ST  
CITY-ST-ZIP CAPE CORAL FL ☒ DELETE

TITLE SD  
NAME GREENE, HARRY  
STREET ADDRESS 4443 N. PACIFIC C  
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

11 TITLE VP/D  
12 NAME PELTON, JAMES  
13 STREET ADDRESS 505 Edinburgh Dr.  
14 CITY-ST-ZIP Fort Myers, FL. 33919 ☒ Change ☐ Addition

21 TITLE T/D  
22 NAME POOLE, MARGUERITE  
23 STREET ADDRESS 15405 Crystal Lake Dr.  
24 CITY-ST-ZIP No. Fort Myers, FL. 33917-5621 ☒ Change ☐ Addition

31 TITLE Asst S/T  
32 NAME LENHART, BARBARA  
33 STREET ADDRESS 1713 Cascade Way  
34 CITY-ST-ZIP No. Fort Myers, FL. 33917 ☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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: GEORGE CUSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Custer 2/5/96 656-7760

Date

Office Phone #

CR2E037 (12/95)