

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90229 042 ****61.25

DOCUMENT # 767525

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2382625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUSTER, GEORGE
1005 SE 40TH ST
CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	CHERNICK, MARGARET	1431 SE 34TH ST	CAPE CORAL FL 33904				
SD	LIBBY, SILVIA	1746 HANSON STREET	FORT MYERS FL 33901				
P	CUSTER, GEORGE	1005 SE 45TH ST	CAPE CORAL FL 33904				
D	PHILLIPS, MARY	44 ESTATE DR	N. FORT MYERS FL				
TD	CUSTER, MILDRED	1005 S.E. 40TH STREET	CAPE CORAL FL 33904				
D	GREENE, VERNON	506 SW 7TH TERRACE	CAPE CORAL FL 33991				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred L. Custer* **REQUIRED** *Mildred L. Custer* *2/7/03* *239-656-7760*

CR2E037 (10/02)