

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 # 768314 (7)

1. Corporation Name

ECONOMIC DEVELOPMENT COALITION OF LEE COUNTY, IN
C.



Principal Place of Business

1833 HENDRY ST
FT MYERS FL 33901
US

Mailing Address

P.O. BOX 9244
FT. MYERS FL 33902
US

3. Date Incorporated or Qualified
05/06/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2298068

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARNER, JAMES F.
1833 HENDRY ST
FT MYERS FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME PD
STREET ADDRESS NICHOLS, THOMAS R
CITY-ST-ZIP 4571 COLONIAL BLVD
FT MYERS FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS BULLION, MURRY
CITY-ST-ZIP 2182 MCGREGOR BLVD
FT MYERS FL

TITLE ☐ DELETE
NAME D-
STREET ADDRESS LAWSON, BRUCE
CITY-ST-ZIP 10491 SIX MILE CYPRESS PKWY
FT MYERS FL

TITLE ☐ DELETE
NAME D-
STREET ADDRESS ROEDER, MIKE
CITY-ST-ZIP 1625 HENDRY ST
FT MYERS FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS LEDWARD, JEFF
CITY-ST-ZIP 6249-B PRESIDENTIAL CT
FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE DP ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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

51 TITLE DS/T ☐ Change ☒ Addition
52 NAME Tracy L. Hayden
53 STREET ADDRESS 14860 Six Mile Cypress Pkwy.
54 CITY-ST-ZIP Fort Myers, Fl. 33912

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

Tracy L. Hayden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96
Date

(941) 481-2350
Daytime Phone #

CR2E037 (12/95)