

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2298068**
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 (81-85) fields: Name, Street Address, City, State (FL), 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO <input checked="" type="checkbox"/> DELETE	NAME: NICHOLS, THOMAS R	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4571 COLONIAL BLVD		12 NAME:	
CITY-ST-ZIP: FT MYERS FL		13 STREET ADDRESS:	
TITLE: D <input type="checkbox"/> DELETE	NAME: BULLION, MURRY	14 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2182 MCGREGOR BLVD		21 TITLE:	
CITY-ST-ZIP: FT MYERS FL		22 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: LAWSON, BRUCE	23 STREET ADDRESS:	
STREET ADDRESS: 10491 SIX MILE CYPRESS PKWY		24 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: FT MYERS FL		31 TITLE: DP	
TITLE: D <input type="checkbox"/> DELETE	NAME: ROEDER, MIKE	32 NAME:	
STREET ADDRESS: 1625 HENDRY ST		33 STREET ADDRESS:	
CITY-ST-ZIP: FT MYERS FL		34 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: LEDWARD, JEFF	41 TITLE: DVP	
STREET ADDRESS: 6249-B PRESIDENTIAL CT		42 NAME:	
CITY-ST-ZIP: FT MYERS FL		43 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		44 CITY-ST-ZIP:	
NAME:		51 TITLE: DS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		52 NAME: Tracy L. Hayden	
CITY-ST-ZIP:		53 STREET ADDRESS: 14860 Six Mile Cypress Pkwy.	
		54 CITY-ST-ZIP: Fort Myers, Fl. 33912	
		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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* **Tracy L. Hayden** **3/15/96** **(941) 481-2350**
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (12/95)