FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

768314

ECONOMIC DEVELOPMENT COALITION OF LEE COUNTY, IN

Principal Place of Business Mailing Address 1833 HENDRY ST P.O. BOX 9244 FT. MYERS FL 33902-9244 FT MYERS FL 33901 Date Incorporated or Qualified 05/06/1983 3a. Date of Last Report 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2298068 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζ_ip Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARNER, JAMES F. 82 Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY ST **B3** FT MYERS FL 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change ☐ Addition DELETE TITLE 1.1 TITLE DVP NAME HAYDEN, TRACY L. 1.2 NAME 14860 SIX MILE XYPRESS PKWY STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP **X K**DELETE Change ■ Addition TITLE 2.1 TITLE **BULLION, MURRY** NAME 2.2 NAME 2182 MCGREGOR BLVD 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP X Change DELETE Addition 3.1 TITLE TITLE D NAME LAWSON, BRUCE 3.2 NAME 10491 SIX MILE CYPRESS PKWY 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE X Change Addition 4.1 TITLE DVP TITLE ROEDER, MIKE 4. 2 NAME NAME 1625 HENDRY ST 4.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE DST Change xxxAddition 5.1 TITLE TITI F Carroll, Paul 5.2 NAME NAME 12381 S. Cleveland Ave 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

Ft. Myers, FL 33907

FILED

Jan 31 1997 8:00am

Secretary of State

941-939-141A

Change

■ Addition