

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90036 023 ****61.25

DOCUMENT # **768314**

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GARNER, JAMES F.
1833 HENDRY ST
FT MYERS FL**

3. Date Incorporated or Qualified

05/06/1983

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **HAYDEN, TRACY L.**
STREET ADDRESS **14860 SIX MILE XYPRESS PKWY**
CITY-ST-ZIP **FORT MYERS FL**

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

TITLE **DVP** ☐ DELETE
NAME **CARROLL, PAUL**
STREET ADDRESS **12381 S CLEVELAND AVE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **ST** ☐ DELETE
NAME **ANDERSON, RICHARD**
STREET ADDRESS **12800 UNIVERSITY DR, SUITE 675**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **ST** ☐ DELETE
NAME **MCCORMICK, RICHARD H.**
STREET ADDRESS **6326 PRESIDENTIAL CT**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

DP

DVP

**ST
MCCORMICK, RICHARD H
6326 PRESIDENTIAL CT
FT MYERS FL 33919**

14. 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 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, with all other like empowered.

SIGNATURE:

RICHARD H. MCCORMICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

941-482-7275

Date

Daytime Phone #

CR2E037 (1/98)