## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N0000006696 1. Entity Name 02-04-2004 90082 030 \*\*\*\*61.25 THE EAST LEE COUNTY COUNCIL, INC. Principal Place of Business Mailing Address 1625 HENDRY-STREET SUITE 301 FORT MYERS FL 33901 PO BOX 50422 FT. MYERS FL 33994-0422 44006741 3. Mailing Address 2256 BAHAMA Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number 59-3682638 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAUGHT, DOUG Street Address (P.O. Box Number is Not Acceptable) 250 GRANADA BLVD. FORT MYERS FL 33905 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Addition TITLE GREEN, JIM NAME NAME VAUGHT, DONG **PO BOX 218** STREET ADDRESS ZJO GRANAJA STREET ADDRESS ALVA FL 33920 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE WATERS, HAROLD NAME NAME 9513 WINDSOR CIRCLE STREET ADDRESS STREET ADDRESS FT MYERS FL 33905 CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change Addition LONG, DAVID F NAME NAME 2256 BAHAMA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33905-2065 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 any address, with all other like empowered.

NG OFFICER OR DIRECTOR

FILED