

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000006696

1. Entity Name
THE EAST LEE COUNTY COUNCIL, INC.



Principal Place of Business
**2256 BAHANA AVE
FORT MYERS, FL 33905**

Mailing Address
**PO BOX 50422
FT. MYERS, FL 33994-0422**



01072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3682638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VAUGHT, DOUG
250 GRANADA BLVD.
FORT MYERS, FL 33905**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAUGHT, DOUG
STREET ADDRESS	210 GRANADA BLVD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	WATERS, HAROLD
STREET ADDRESS	9513 WINDSOR CIRCLE
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	LONG, DAVID F
STREET ADDRESS	2256 BAHAMA AVE
CITY-ST-ZIP	FORT MYERS, FL 339052085
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000200250
01/28/05-80020-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 or 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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS J VAUGHT

Date

1/24/2005

Daytime Phone #

239-332-3777