2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006696

Entity Name: THE EAST LEE COUNTY COUNCIL, INC.

FILED Mar 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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250 GRANADA BLVD 1670 WERNER DR FORT MYERS, FL 33905 ALVA, FL 33920

Current Mailing Address: New Mailing Address:

PO BOX 50422

FT. MYERS, FL 339940422

FEI Number: 59-3682638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUGHT, DOUG MATHISEN, JAMES
250 GRANADA BLVD. 1670 WERNER DR
FORT MYERS, FL 33905 US ALVA, FL 33920 US

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.

SIGNATURE: JAMES MATHISEN 03/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: VAUGHT, DOUG Name: MATHISEN, JAMES

 Name:
 VAOGHT, DOOG
 Name:
 MATHISEN, JAMIES

 Address:
 210 GRANADA BLVD
 Address:
 1670 WERNER DR

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 ALVA, FL 33920

Title: D () Delete Title: D (X) Change () Addition Name: MCRAE, VERNON J Name: VAUGHT, DOUG J

 Name
 WCKAE, VERNON 3
 Name
 VAOGH , DOOG 3

 Address:
 14455 RANDOLF DR,
 Address:
 210 GRANADA BLVD

 City-St-Zip:
 FT MYERS, FL 33905
 City-St-Zip:
 FT MYERS, FL 33905

Title: D () Delete Title: () Change () Addition

 Name:
 TRIPP, JANET
 Name:

 Address:
 2190 SANTIAGO AVE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MARTIN, PAUL
 Name:

 Address:
 526 CALOOSA ESTATES DR.
 Address:

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET TRIPP T/D 03/26/2007