

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006696

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE EAST LEE COUNTY COUNCIL, INC.

Current Principal Place of Business:

1670 WERNER DR
ALVA, FL 33920

New Principal Place of Business:

2253 DAVIS BLVD.
FORT MYERS, FL 33905

Current Mailing Address:

PO BOX 50422
FT. MYERS, FL 339940422

New Mailing Address:

FEI Number: 59-3682638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHISEN, JAMES
1670 WERNER DR
ALVA, FL 33920 US

Name and Address of New Registered Agent:

KIMBALL, EDWARD
2253 DAVIS BLVD
FORT MYERS, FL 33905 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: EDWARD KIMBALL

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHISEN, JAMES
Address: 1670 WERNER DR
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: VAUGHT, DOUG J
Address: 210 GRANADA BLVD
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: TRIPP, JANET
Address: 2190 SANTIAGO AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete
Name: MARTIN, PAUL
Address: 526 CALOOSA ESTATES DR.
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIMBALL, EDWARD
Address: 2253 DAVIS BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/22/2008

Electronic Signature of Signing Officer or Director

Date