

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 003 ****61.25

DOCUMENT # N01000000878

1. Entity Name
**THE ESTERO-SOUTH FORT MYERS LIONS
FOUNDATION, INC.**



Principal Place of Business
**P O BOX 622
ESTERO, FL 33928-0622**

Mailing Address
**P O BOX 622
ESTERO, FL 33928-0622**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1076076

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINTO, DIANA M
7396 PEBBLE BEACH RD
FORT MYERS, FL 33916**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **TOWNS, MIKE**
STREET ADDRESS **10714 BLUE BIMINI CIR**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WATKINS, ROB E DR.**
STREET ADDRESS **19150 ACORN RD #103**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CLEARY, NANCY**
STREET ADDRESS **20610 GROVELINE CT**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HICKS, DEANO**
STREET ADDRESS **18990 S. TAMiami TR. #4**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HUTTMAN, SUSAN N**
STREET ADDRESS **9016 MORRIS RD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☒ Change ☒ Addition
NAME **S. Diana M. Pinto**
STREET ADDRESS **7396 Pebble Beach Rd.**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **T** ☒ Delete
NAME **PINTO, DIANA M**
STREET ADDRESS **7396 PEBBLE BEACH RD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☒ Change ☒ Addition
NAME **William B. Floyd, Jr.**
STREET ADDRESS **13280 Corbel Cr. #1917**
CITY-ST-ZIP **FT. MYERS, FL 33919**

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: *Diana M. Pinto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05 239-898-1921

Date

Daytime Phone #