
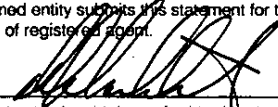
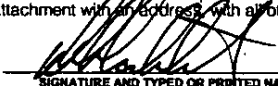


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 016 ****61.25

DOCUMENT # N01000001034 1. Entity Name UNITED VETERANS OF LEE COUNTY, INC.						
Principal Place of Business 2358 VICTORIA AVE FORT MYERS, FL 33901-3816			Mailing Address P.O. BOX 147 FORT MYERS, FL 33902			
2. Principal Place of Business - No P.O. Box # 2072 Victoria Av Suite, Apt. #, etc.		3. Mailing Address 2072 Victoria Av Suite, Apt. #, etc.				
City & State Fort Myers FL Zip 33901		City & State Fort Myers FL Zip 33901		4. FEI Number 65-1080735 Applied For <input type="checkbox"/> Not Applicable		
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent IRONS, RALPH D 37 GALENTE CT FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name David L Lockhart Street Address (P.O. Box Number is Not Acceptable) 2072 Victoria Av City Fort Myers FL Zip Code 33901		
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  DATE 3-24-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPC THIBODEAU, KENNETH B P.O. BOX 147 FORT MYERS, FL 33902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ralph D Irons 37 Galente Ct Fort Myers FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAHLER, ROBERT 2814 6TH ST., W LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Ebling 2072 Victoria Av Fort Myers FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEFKOWITZ, DAVID 6300 SOUTH POINTE BLVD #111 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIGHT, RICHARD 2104 NW 7TH STREET CAPE CORAL, FL 33993	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLDENBURG, VICTOR 14157 CARRIBEAN BLVD FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David L. Lockhart 2072 Victoria Av Fort Myers FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJA IRONS, RALPH D 37 GALENTE CT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  David L. Lockhart DATE 3-24-2008 DAYTIME PHONE # 239 938 1100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						