2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N01000001034

Entity Name: UNITED VETERANS OF LEE COUNTY, INC.

Current Principal Place of Business:

2072 VICTORIA AVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2072 VICTORIA AVE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1080735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKART, DAVID L
2072 VICTORIA AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	IPONE, RALPH D	
Address:	37 GALENTER CT	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VP	( ) Delete
Name:	GIBLING, JOHN	
Address:	2072 VICTORIA AVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	DS	(X) Delete
Name:	BRIGHT, RICHARD	
Address:	2104 NW 7TH STREET	
City-St-Zip:	CAPE CORAL, FL 33993	
Title:	T	( ) Delete
Name:	LOCKHART, DAVID L	
Address:	2072 VICTORIA AVE	
City-St-Zip:	FORT MYERS, FL 33901	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	IRONS, RALPH D	
Address:	37 GALENTER CT	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VP	(X) Change ( ) Addition
Name:	EBLING, JOHN	
Address:	2072 VICTORIA AVE	
City-St-Zip:	FORT MYERS, FL 33901	
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: DAVID L LOCKHART T 02/03/2009

Electronic Signature of Signing Officer or Director — Date