

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001741

FILED
Apr 02, 2008
Secretary of State

Entity Name: LEE COUNTY ASSOCIATION OF PROFESSIONAL SUBSTITUTE TEACHERS, INC.

Current Principal Place of Business:

1211 SW 49TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1211 SOUTHWEST 49TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 62-1845587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETZ, MARVIN A
1211 SW 49TH TERR
CAPE CORAL, FL 33914 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: PRES () Delete
Name: GOETZ, MARVIN A
Address: 1211 SW 49TH TERR
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: BEDFORD, AMIE
Address: 4796 ALBACOVE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: GARDNER, KENNY
Address: 2149 SE 10TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: TRAUBE, JOHN
Address: 1009 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: WEIDNER, EDWARD
Address: 713 SE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: SHAPIRO, CLAIRE
Address: 6913 TEE WAY
City-St-Zip: FT MYERS, FL 33919

Title: D () Change (X) Addition
Name: CHESTER, SHERIDAN
Address: 13013 RIVER RD.
City-St-Zip: FT MYERS, FL 33905

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: MARVIN A GOETZ

PRES

04/02/2008

Electronic Signature of Signing Officer or Director

Date