

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001741

FILED
Mar 04, 2010
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 (X)

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

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

Title: VP
Name: BAUCOM, CHRISTINE
Address: 2207SE PARKVIEW DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: S
Name: CARTER, LINDA
Address: 704 HOMER STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D
Name: TRAHAN, LAURENT
Address: 2798 INDIANWOOD DR.
City-St-Zip: N FT MYERS, FL 33917

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

I hereby 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 all other like empowered.

SIGNATURE: MARVIN A GOETZ

PRES

03/04/2010

Electronic Signature of Signing Officer or Director

Date