

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006157

1. Entity Name
THE ALLIANCE OF BRIDGELESS ISLANDS OF LEE
COUNTY, FLORIDA, INC.



Principal Place of Business

USEPPA 1
USEPPA, FL 33922

Mailing Address

USEPPA 1
USEPPA, FL 33922



04142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2451361

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
TALLAHASSEE, FL 32301-1283

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONNELLY, RICHARD R
STREET ADDRESS	PO BOX 254
CITY-ST-ZIP	PINELAND, FL 339450254
TITLE	D
NAME	FORMOSA, VINCE
STREET ADDRESS	PO BOX 640
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	D
NAME	BRUGGER, JOHN N
STREET ADDRESS	16411 PORTO BELLO STREET
CITY-ST-ZIP	BOKEELIA, FL 33922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000327631
04/25/05-80046-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 239/283-1061

Date

Daytime Phone #