

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01368

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** SEMINOLE BOOSTERS OF LEE COUNTY, INC.

**Current Principal Place of Business:**

1715 MONROE ST  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 280  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 65-0032753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEARMAN, ROBERT  
1715 MONROE STREET  
FT. 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: VP  
Name: JENNIFER, RIDER HARTLEY  
Address: 1408 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: P  
Name: MATTHEW, FLEMING  
Address: 15658 ANGELICA DRIVE  
City-St-Zip: ALVA, FL 33920

Title: D  
Name: SHEARMAN, ROBERT  
Address: 1715 MONROE STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: T  
Name: SHIRK, MACHELLE  
Address: 3379 DANDOLO CIRCLE  
City-St-Zip: CAPE CORAL, FL 33909

Title: S  
Name: LAMARCHE, GAIL  
Address: 1715 MONROE ST  
City-St-Zip: FORT MYERS, FL 33901

Title: D  
Name: VOTAW, BOB  
Address: 1240 WALES DRIVE  
City-St-Zip: FORT MYERS, FL 33901

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: MACHELLE SHIRK

TREA

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date