

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT -3 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001908

1. Entity Name  
LEE COUNTY DEPUTY SHERIFF'S ASSOCIATION, INC.



Principal Place of Business  
14750 SIX MILE CYPRESS PARKWAY  
FT. MYERS, FL 33912-4406

Mailing Address  
14750 SIX MILE CYPRESS PARKWAY  
FT. MYERS, FL 33912-4406

2. Principal Place of Business  
8359 BEACON BLVD  
SUITE #105  
FORT MYERS FL

3. Mailing Address  
8359 BEACON BLVD  
(SAME AS #2)  
SUITE #105  
FORT MYERS FL



09262005 REIN-NP CR2E099 (6/04)

City & State  
FORT MYERS FL  
Zip  
33907  
Country  
USA

City & State  
FORT MYERS FL  
Zip  
33907  
Country  
USA

4. FEI Number  
73-1643163  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMART, GERALD G  
18520 TELEGRAPH CREEK LANE  
ALVA, FL 33920

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
600060205686  
10/04/05--01027--004 \*\*236.25  
City  
FL Zip Code

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 - 70945-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10-16-05

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'ROURKE, B. PAT	
STREET ADDRESS	2180 WEST FIRST ST., STE. 306	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CRAY, SCOTT D	
STREET ADDRESS	15630 MCGREGOR BLVD., #103	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMART, GERALD G	
STREET ADDRESS	12734 KENWOOD LANE, STE. 49	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WENDELL	
STREET ADDRESS	5133 STONE HAVEN DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, EDWARD W III	
STREET ADDRESS	13711 HICKORY RUN LANE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRELL WALTERS (DIRECTOR)	
STREET ADDRESS	1130 LEE BLVD	
CITY-ST-ZIP	LEHIGH AVENUE FL 33934	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(SECRETARY) JOANNE GIGONE	
STREET ADDRESS	3405 HANCOCK BRIDGE PKY	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(DIRECTOR) JAYNE FAUST	
STREET ADDRESS	8695 COLLEGE PKY STE 103	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT TOM MERE	
STREET ADDRESS	1555 No. TAMiami TRAIL	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(DIRECTOR) JIM WOOD	
STREET ADDRESS	2472 FOWLER STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: TREASURER

9-2605 734-986-4846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

G.G. "JERRY" SMART  
P.O. BOX

EX-25