


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90048 013 \*\*\*\*61.25

<b>DOCUMENT # N02000001908</b> 1. Entity Name <b>LEE COUNTY DEPUTY SHERIFF'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>8359 BEACON BLVD, STE #105 FT. MYERS FL 33907</b>				Mailing Address  	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O.DRAWER 2736</b> Suite, Apt. #, etc.			
City & State  		City & State <b>FORT MYERS, FL</b>		4. FEI Number <b>73-1643163</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip  		Country <b>LEE</b>		1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  <b>SMART, GERALD G 18520 TELEGRAPH CREEK LANE ALVA FL 33920</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'ROURKE, B. PAT 2180 WEST FIRST ST., STE. 306 FT. MYERS FL 33901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, DARRELL 1130 LEE BLVD LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMART, GERALD G 12734 KENWOOD LANE, STE. 49 FT. MYERS FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CICONE, JOANN 3405 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, JAYNE 8695 COLLEGE PKWY, STE 103 FORT MYERS FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERE, TOM 1555 NO. TAMiami TRAIL NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES D. WOOD 2472 FOWLER STREET FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b> _____		<b>GERALD G. SMART TREASURE 02/01/2006</b>			