

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002108

FILED
Jan 23, 2009
Secretary of State

Entity Name: LEE COUNTY ALLIANCE OF LEGAL PROFESSIONALS, INC.

Current Principal Place of Business:

C/O LAW OFFICE OF JOSEPH R. GAETA
2261 MAIN STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1766
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 04-3712013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALLARO, BARBARA
C/O LAW OFFICE OF JOSEPH R. GAETA
2261 MAIN STREET
FORT 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: P () Delete
Name: GERMANIS, KELLY
Address: 1715 MONROE
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: SIMPSON, LINDA
Address: 1715 MONROE
City-St-Zip: FORT MYERS, FL 33901

Title: S () Delete
Name: CAVALLARO, BARBARA
Address: 2261 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: GARCIA, SORAYA M
Address: 1715 MONROE ST
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOERING, ADA
Address: 1515 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: V (X) Change () Addition
Name: DOERING, ADA
Address: 1515 BROADWAY
City-St-Zip: FORT MYERS, FL 33901

Title: S (X) Change () Addition
Name: KANE, CINDY
Address: 4635 DEL PRADO SO
City-St-Zip: CAPE CORAL, FL 33901

Title: T (X) Change () Addition
Name: CAVALLARO, BARBARA
Address: 2261 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA CAVALLARO

MS.

01/23/2009

Electronic Signature of Signing Officer or Director

Date