

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90037 021 ****61.25

DOCUMENT # N03000003339

1. Entity Name

LEHIGH ACRES CITIZEN COMMITTEE, INC.



Principal Place of Business

4109 LEE BLVD.
LEHIGH ACRES FL 33971

Mailing Address

PO BOX 757
LEHIGH ACRES FL 33970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0464934

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONOVER, OLIVER B
4109 LEE BLVD.
LEHIGH ACRES FL 33971

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WALTERS, DARRELL
STREET ADDRESS 1150 LEE BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE PDC
NAME FRANK J CAVALIERO, JR
STREET ADDRESS 277 ROSEWOOD COURT
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

TITLE DP
NAME GOODLAD, TERESA
STREET ADDRESS 702 LELAND HEIGHTS WEST
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE VD
NAME JOHANN PFUNER
STREET ADDRESS 1140 LEE BOULEVARD
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

TITLE DT
NAME TOADVINE, MEL
STREET ADDRESS 1303 HOMESTEAD ROAD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE DT
NAME LARRY WALKER
STREET ADDRESS 208 LANYARD PLACE
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

TITLE DS
NAME CULVER, VICKI Z
STREET ADDRESS 9 HOMESTEAD ROAD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE OS
NAME ADA M. THOMPSON
STREET ADDRESS 820 JAGUAR BOULEVARD
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

TITLE D
NAME CONOVER, OLIVER B
STREET ADDRESS 4109 LEE BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Frank J Cavaliero, Jr PDC 3/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

234-592-7575 x104