

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

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-29-2004 90237 002 ****70.00

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1. Entity Name

FOUNDATION FOR THE LEE COUNTY LIBRARY SYSTEM,
INC.



Principal Place of Business

1927 SE 13 ST
CAPE CORAL FL 33990

Mailing Address

1927 SE 13 ST
CAPE CORAL FL 33990

66426772



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0245075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GURWIT, MARTHA PH.D.
1927 SE 13 ST
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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 GURWIT, MARTHA, PH.D. Martha Gurwit, Ph.D. 4-26-04
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

TITLE DP
NAME GURWIT, MARTHA PH.D. ☐ Delete
STREET ADDRESS 1927 SE 13 ST
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE DV
NAME SLATON, NELLIE ☐ Delete
STREET ADDRESS 4402 SE 13 AVE
CITY-ST-ZIP CAPE CORAL FL 33904-5344

TITLE DS
NAME REILLY, JANE ☐ Delete
STREET ADDRESS 8771 KING LEAR CT
CITY-ST-ZIP FT MYERS FL 33908

TITLE DAS
NAME BUIE, URSULA B ☐ Delete
STREET ADDRESS 1418 COLLINS RD
CITY-ST-ZIP FT MYERS FL 33919

TITLE DT
NAME YAGES, VIRGINIA GINNY ☒ Delete
STREET ADDRESS 5215 TOWER DR
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME YATES, Virginia
STREET ADDRESS 5215 Tower Dr.
CITY-ST-ZIP CAPE Coral, FL 33904

TITLE ☐ Change ☐ 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:

Virginia Yates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

239544 9113

Daytime Phone #