

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003225

FILED
Mar 27, 2009
Secretary of State

Entity Name: LEE COUNTY HOMELESS VETERANS OUTREACH, INC.

Current Principal Place of Business:

ALL SOULS CHURCH
RT #41
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

ALL SOULS CHURCH
ROUTE #41
NORTH FORT MYERS, FL 33903

Current Mailing Address:

1207 SE 30TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 33-1135702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACCIOLFI, SARA
1207 S.E. 30TH TERRACE
CAPE CORAL, FL 33904 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: PD () Delete
Name: CACCIOLFI, SARA
Address: 1207 S.E. 30TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: MEYER, PHYLIS
Address: 1125 SE 30TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Change (X) Addition
Name: MULVEY, JACK
Address: 89 JOSE GASPER DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SECY () Change (X) Addition
Name: YERIAN, JOAN
Address: 5567 SIR WALTERS WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

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: SARA CACCIOLFI

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date