

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010003

Entity Name: LCHA, INC.

FILED  
May 09, 2008  
Secretary of State

## Current Principal Place of Business:

11831 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 314  
FT. MYERS, FL 33902

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

COLLINS, SCARLETT R  
1116 NW 24TH AVE  
CAPE CORAL, FL 33993 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: LODGE, TERRI  
Address: P.O. BOX 314  
City-St-Zip: FT. MYERS, FL 33902

Title: VP ( ) Delete  
Name: KALIL, MICHAEL  
Address: P.O. BOX 314  
City-St-Zip: FT. MYERS, FL 33902

Title: S ( ) Delete  
Name: GREENHILL, BETH  
Address: P.O. BOX 314  
City-St-Zip: FT. MYERS, FL 33902

Title: T ( ) Delete  
Name: HALL, JANE  
Address: P.O. BOX 314  
City-St-Zip: FT. MYERS, FL 33902

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JANE HALL

T

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date