

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004699

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LEE COUNTY BADGE OF HONOR, INC.

**Current Principal Place of Business:**

4085 HANCOCK BRIDGE PARKWAY  
SUITE 111-308  
N FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

4085 HANCOCK BRIDGE PARKWAY  
SUITE 111-308  
N FT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 11-3840083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUSSEY, ALISON C  
4635 S. DEL PRADO BLVD.  
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: MONAHAN, MATTHEW T  
Address: PO BOX 150793  
City-St-Zip: CAPE CORAL, FL 33915

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: MONAHAN, MATTHEW T  
Address: PO BOX 150793  
City-St-Zip: CAPE CORAL, FL 33915

Title: VP ( ) Change (X) Addition  
Name: PASTULA, ROBERT  
Address: PO BOX 150793  
City-St-Zip: CAPE CORAL, FL 33915

Title: S ( ) Change (X) Addition  
Name: WILLIAMSON, RICHARD  
Address: PO BOX 150793  
City-St-Zip: CAPE CORAL, FL 33915

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: MATTHEW T. MONAHAN

PDT

04/30/2009

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

\_\_\_\_\_  
Date