FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATE OPERATIONS

95 FEB -6 PM 12:18

DOCUMENT # N12612 (0)

1. Corporation Name

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, IN C.

Principal Place of Business	Mailing Address
2266 SECOND STREET FT. MYERS FL 33902	P.O. BOX 1608 FT. MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2637849 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2266 Second St.	26 P. O. Box 1608
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Myers, FL	28 City & State: Ft. Myers, FL
24 Zip: 33901 25 Country: Lee	29 Zip: 33902 30 Country: Lee

9. Name and Address of Current Registered Agent

LEHTOMAA, LINDA
2266 SECOND STREET
FORT MYERS FL 33901

337.0433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	IDELSON, CHARLES	1.2 NAME	
STREET ADDRESS	12730 NEW BRITTANY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	VCD ☒ Change ☐ Addition
NAME	SMITH, ROBERT P	2.2 NAME	Allan L. McLeod, Jr;
STREET ADDRESS	1520 LEE STREET	2.3 STREET ADDRESS	2000 Main Street
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZEL, JOSEPH C	3.2 NAME	
STREET ADDRESS	P O BOX 1060 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	HUSSEY, WILLIAM S	4.2 NAME	Charles K. Hall
STREET ADDRESS	12800 UNIVERSITY DR / STE 560	4.3 STREET ADDRESS	Barnett Centre, 200 Main St., #600
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	LEHTOMAA, LINDA	5.2 NAME	
STREET ADDRESS	2266 SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ 1/30/95 337.0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050075