## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

N12612

(0)

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, IN

**FILED** Feb 02 1996 8:00 am Secretary of State



Principal riace of business Mailing Address							
2266 SECOND STREET P.O. BOX 1608 FT. MYERS FL 33901 FT. MYERS FL 33902 US							
					<ol> <li>Date Incorporated or Qualified 12/18/1985</li> </ol>	3a. Date of Last 02/06/1	t Report 1 <b>995</b>
Principal Place of Business     2a. Mailing Address					4. FEI Number 59-2637849	<del>  -  </del>	Applied For
21 26					39 2001043		Not Applicable
Surte, Apt. #, etc. 27		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State			6. Election Campaign Financing		00 May Be
Zip	Country Zip		Country	Added t		ed to Fees	
24	25 Country	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent	<u>'                                    </u>		10. Name and Address of New Re	agistered Agent	
			81	Name			
LEHTOMAA, LINDA				Street	Address (P.O. Box Number is Not Acceptable	e)	
2266 SECOND STREET							
FORT MYERS FL 33901			83				
			84	City		FL 85 Z	'ip Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	s the above-	l named co	progration submits this statement for the num	nose of changing its	registered office
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Borida. 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 617.0503 Florida Statutes.							
SIGNATURE A							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOT	L Registered Ager	nt signature re	aquired when reinstating)	CAY 24/7	4
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	CD	□ DELETE	1.1 THTLE		McLeod, Jr. Allan	<b>★</b> Change	☐ Addition
NAME	IDELSON, CHARLES		1.2 NAME		Barnett Bank of Le	e County	
STREET ADDRESS	ET MUEDO E			ADDRESS	DRESS 2000 Main St.		
CITY - ST - ZIP	VCD	DELETE	1.4 CITY - 5	ST - ZIP	Ft. Myers, FL 3390	1 Change	☐ Addition
NAME	MCLEOD, ALLAN L. J		2 1 TITLE 2 2 NAME		VCD	X I cuands	☐ Addition
STREET ADDRESS	2000 MAIN STREET		2 3 STREET	ADDRESS	Hall, Charles J.		
CITY-ST-ZIP	FT MYERS FL		2. 4 CHY-		Barnett Centre	71. 14	171
TITLE	SD	DELETE	3 1 TITLE	<u> </u>	<del>20</del> 00 Main St.,#600	Charge	Addition
NAME	SCHWARTZEL, JOSEPH C		3.2 NAME		Schwartzel, Joseph	. C.	_
STREET ADDRESS	P O BOX 1060 N/A		3.3 STREET	ADDRESS	2824 Palm Beach Bl		
CHTY-\$T-ZIP	FT MYERS FL	Phys.	3 4. CITY -	ST-ZIP	Ft. Myers, FL 3391		
TITLE	TD CHARLES K	DELETE	4.1 TITLE		TD	🙀 Change	Addition
NAME	HALL, CHARLES K.	OT #enn	4. 2 NAME		Bauman, Andrew M.		
STREET ADDRESS	BARNET CENTRE, 200 MAIN FT MYERS FL	31., <b>₹0</b> 00		ADDRESS	3451 Bonita Bay Bl	vd., #202	2
CITY-ST-ZIP TITLE	P	DELETE	4.4 C(TY-5	ST-ZIP	Bonita Springs, FL	, 33923 <sub>hana</sub>	Addition
NAME	LEHTOMAA, LINDA	[_]otter	51 IIILE 52 NAME		I .	change	☐ Worllou
STREET ADDRESS	2266 SECOND ST		5.3 STREET	L AUUBESS	Lehtomaa, Linda		
CITY-ST-ZIP	FT MYERS FL		54 CITY-5		2266 Second St.	.1	
TITLE		DELETE	61 TITLE	z+ = [24]	Ft. Myers, FL 3390	Change	Addition
NAME		_	62 NAME			- 0	
STREET ADDRESS			63 STREET	ADDRESS			
CITY - ST - ZIP			64 CHY-5	ST-ZIP			ļ

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)(k), 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 cath; that I am an officer or director of the corporation or the receiver or truete empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 pchages on an attachment with an address. on an attachment with an address

**SIGNATURE ₹**