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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

103380 · 90088 · 38

DOCUMENT # N12612

1. Corporation Name

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, IN C.

Principal Place of Business	Mailing Address
2266 SECOND STREET FT. MYERS FL 33901 US	P.O. BOX 1608 FT. MYERS FL 33902

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/18/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2637849 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GROSSMAN, DARLENE A
2266 SECOND STREET
FORT MYERS FL 33901

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 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 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 617.0503, 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	TD	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	GADDIS, JACK L		1.2 NAME	Young, Barry	
STREET ADDRESS	P.O. BOX 370-1540 N/A		1.3 STREET ADDRESS	13099 US 41 SE, Suite 410	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ACKERT, RICHARD		2.2 NAME		
STREET ADDRESS	1530 HEITMAN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PONTIUS, STEVEN		3.2 NAME	Pontius, Steven	
STREET ADDRESS	P.O. BOX 7578 N/A		3.3 STREET ADDRESS	P. O. Box 7587 N/A	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Fort Myers, FL 33911	
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMOYER, JERRY H		4.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR, #500		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	BP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROSSMAN, DARLENE ANN		5.2 NAME		
STREET ADDRESS	2266 SECOND ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Darlene Grossman SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #