# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2004 8:00 am**
**Secretary of State**
02-06-2004 90012 036 ****61.25

DOCUMENT # N12612

1. Entity Name
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2266 SECOND STREET<br>FT. MYERS, FL 33901 US | P.O. BOX 1608<br>FT. MYERS, FL 33902 |

01292004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2637849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GROSSMAN, DARLENE A<br>2266 SECOND STREET<br>FORT MYERS, FL 33901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>SCHMOYER, JERRY H<br>24870 BURNT PINE DRIVE<br>BONITA SPRINGS, FL 34134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>Personette, Steven<br>C/O Sprint. PO BOX 370, MC1650<br>Fort Myers, FL 33902 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PONTIUS, STEVEN<br>P O BOX 7578 NA<br>FORT MYERS, FL 33911 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CATTI, JOSEPH R<br>PO BOX 370 - MC 1650<br>FORT MYERS, FL 339020370 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SC<br>Parrish, Harlan<br>Colonial Bank, PO Box 2648<br>Bonita Springs, FL 34133 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BP<br>GROSSMAN, DARLENE ANN<br>2266 SECOND STREET<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Grossman, Darlene Ann<br>2266 Second Street<br>Fort Myers, FL 33901 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FREEMAN, EVA<br>13691 PONDVIEW CIR<br>NAPLES, FL 34119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Freeman, Eva<br>13691 Pondview Circle<br>Naples, FL 34119 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>TRIPPE, GARY V<br>PO BOX 60139<br>FT MYERS, FL 33906 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>Trippe, Gary V.<br>PO Box 60139<br>Fort Myers, FL 33906 | ☒ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Darlene Ann Grossman 1-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #