

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90093 032 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N12612</b> 1. Entity Name <b>THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.</b>					
Principal Place of Business <b>2266 SECOND STREET          FT. MYERS, FL 33901 US</b>			Mailing Address <b>P.O. BOX 1608          FT. MYERS, FL 33902</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  		<b>60009243</b> 	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  		01032007 Chg-NP CR2E037 (12/06)	
City & State  		City & State  		4. FEI Number <b>59-2637849</b>	
Zip  		Country  		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GROSSMAN, DARLENE A          2266 SECOND STREET          FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>Marshall T. Bower, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2266 Second Street</b> <b>2nd Floor</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33901</b>	
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 <i>Marshall T. Bower</i> , <b>MARSHALL T. BOWER, President and Executive Director</b> <b>1-8-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to          Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PERSONETTE, STEVE C/O SPRINT, P.O. BOX 370, MC 1650 FORT MYERS, FL 33902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Personette, Steve c/o EMBARQ, 1520 Lee Street Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC PONTIUS, STEVEN P O BOX 7578 NA FORT MYERS, FL 33911	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRISH, HARLAN COLONIAL BANK, P.O. BOX 2648 BONITA SPRINGS, FL 34133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSMAN, DARLENE ANN 2266 SECOND STREET FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Executive Director Bower, Marshall T. 2266 Second Street Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FREEMAN, EVA 13691 PONDVIEW CIR NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, CHARLES C/O WACHOVIA, 12751 S CLEVELAND FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Marshall T. Bower</i> <b>MARSHALL T. BOWER</b> <b>1-8-07</b> <b>239-337-0433</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					