


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -8 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12612					
1. Entity Name THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.					
Principal Place of Business 2266 SECOND STREET FT. MYERS, FL 33901 US			Mailing Address P.O. BOX 1608 FT. MYERS, FL 33902		
2. Principal Place of Business - No P.O. Box #			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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOWER, MARSHALL T ESQ 2266 SECOND STREET 2ND FLOOR FORT MYERS, FL 33901			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PCD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSONETTE, STEVE		NAME	Kenneth O'Donnell, c/o Bank of America, 13099 U.S.41, #410	
STREET ADDRESS	C/O EMBARQ, 1520 LEE STREET		STREET ADDRESS	Fort Myers, FL 33907	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONTIUS, STEVEN		NAME	Cole Peacock, c/o Chico's	
STREET ADDRESS	P O BOX 7578 NA		STREET ADDRESS	11215 Metro Parkway	
CITY-ST-ZIP	FORT MYERS, FL 33911		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, HARLAN		NAME		
STREET ADDRESS	COLONIAL BANK, P.O. BOX 2648		STREET ADDRESS	400110672914	
CITY-ST-ZIP	BONITA SPRINGS, FL 34133		CITY-ST-ZIP	10/11/07--01019--007 **\$61.25	
TITLE	PED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, MARSHALL T		NAME		
STREET ADDRESS	2266 SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	Immediate Past Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, EVA		NAME		
STREET ADDRESS	13691 PONDVIEW CIR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, CHARLES		NAME	Charles Reynolds, c/o Reliance Bank, 1424 Metro Parkway	
STREET ADDRESS	C/O WACHOVIA, 12751 S CLEVELAND		STREET ADDRESS	Fort Myers, FL 33912	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
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>		Marshall T. Bower		10/1/07 (239) 337-0433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

10/9/07