


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

<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>	



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2637849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BOWER, MARSHALL T ESQ 2266 SECOND STREET 2ND FLOOR FORT MYERS, FL 33901</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'DONNELL, KENNETH C/O BANK OF AMERICA, 13099 US 41, #410 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEACOCK, COLE C/O CHICO'S, 11215 METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARRISH, HARLAN COLONIAL BANK, P.O. BOX 2648 BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED BOWER, MARSHALL T 2266 SECOND STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC FREEMAN, EVA 13691 PONDVIEW CIR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC REYNOLDS, CHARLES C/O RELIANCE BANK, 1424 METRO PARKWAY FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

U00000816648  
02/14/08-80060-002 70.00

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: Marshall T. Bower

Jan. 18, 2008

239.337.0433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**President/Executive Director**

Date Daytime Phone #