

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12612

FILED
Feb 04, 2009
Secretary of State

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

Current Principal Place of Business:

2266 SECOND STREET
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1608
FT. MYERS, FL 33902

New Mailing Address:

FEI Number: 59-2637849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWER, MARSHALL T ESQ
2266 SECOND STREET
2ND FLOOR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: O'DONNELL, KENNETH
Address: C/O BANK OF AMERICA, 13099 US 41, #410
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: PEACOCK, COLE
Address: C/O CHICO'S, 11215 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: C () Delete
Name: PARRISH, HARLAN
Address: COLONIAL BANK, P.O. BOX 2648
City-St-Zip: BONITA SPRINGS, FL 34133

Title: PED () Delete
Name: BOWER, MARSHALL T
Address: 2266 SECOND STREET
City-St-Zip: FORT MYERS, FL 33901

Title: IPC () Delete
Name: FREEMAN, EVA
Address: 13691 PONDVIEW CIR
City-St-Zip: NAPLES, FL 34119

Title: VC () Delete
Name: REYNOLDS, CHARLES
Address: C/O RELIANCE BANK, 1424 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL T. BOWER

PED

02/04/2009

Electronic Signature of Signing Officer or Director

Date