

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17245

FILED
May 08, 2009
Secretary of State

Entity Name: LEE COUNTY ARBITRATION/MEDIATION ADVISORY BOARD, INC.

Current Principal Place of Business:

% COURT MEDIATION PROGRAM
2201 SECOND ST., STE 400
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

% COURT MEDIATION PROGRAM
2201 SECOND ST., STE 400
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2734020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DALTON, M. ANNE
2044 BAYSIDE PARKWAY
FT 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: DP () Delete
Name: SELL, ANN W
Address: 1342 COLONIAL BLVD, C-21
City-St-Zip: FT MYERS, FL 33907

Title: DST () Delete
Name: DALTON, M. ANNE
Address: 2044 BAYSIDE PKWAY
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: TAQUECHEL, BEA
Address: 1700 MONROE ST
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: VANCE, AUDREY E
Address: 9101 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: JOHNSON, KARL L
Address: POST OFFICE BOX 2199
City-St-Zip: FORT MYERS, FL 33902

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
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: ANN SELL

_____ Electronic Signature of Signing Officer or Director

OFF

05/08/2009

_____ Date