

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25839** (4)

1. Corporation Name

**LEE COUNTY JOINT VETERANS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2452 THOMPSON ST  
3630 EVANS AVE.  
FT MYERS FL 33901  
US**

**2452 THOMPSON ST  
FT MYERS FL 33901  
US**

3. Date Incorporated or Qualified  
**04/11/1988**

3a. Date of Last Report  
**08/18/1995**

2. Principal Place of Business

2a. Mailing Address

**21 2452 Thompson St.**

**26 P.O. BOX 928**

4. FEI Number  
**65-0173650**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**22 City & State  
23 FT MYERS FL 33901**

**27 City & State  
28 LEHIGH ACRES FL 33970**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**24 Zip  
33901**

**25 Country  
LEE**

**29 Zip  
33970-0928**

**30 Country  
LEE**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLOCUM, JOHN T.  
2452 THOMPSON ST  
FT. MYERS FL 33901**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BERSNTEIN, JACK**  
STREET ADDRESS **3333 CORTEZ BLVD**  
CITY - ST - ZIP **FT. MYERS FL**

TITLE **VP** ☐ DELETE

NAME **HARTMAN, DOLLY**  
STREET ADDRESS **406 HIGHLAND AVE**  
CITY - ST - ZIP **LEHIGH ACRE FL**

TITLE **STD** ☐ DELETE

NAME **WARREN, PEGGY**  
STREET ADDRESS **1428 ARCHER ST**  
CITY - ST - ZIP **LEHIGH ACRES FL**

TITLE **DC** ☐ DELETE

NAME **DICKMYER, MARY JANE**  
STREET ADDRESS **10315 PENNSYLVANIA AVE**  
CITY - ST - ZIP **BONITA SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **SLOCUM, JOHN**  
STREET ADDRESS **2452 THOMPSON ST**  
CITY - ST - ZIP **FT. MYERS FL**

TITLE **DA** ☐ DELETE

NAME **KING, DAN**  
STREET ADDRESS **5531 BUHMAN RD**  
CITY - ST - ZIP **N FT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **DOLLY HARTMAN**  
1.3 STREET ADDRESS **406 HIGHLAND**  
1.4 CITY - ST - ZIP **LEHIGH ACRES FL. 33936**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **BOB KAHLER**  
2.3 STREET ADDRESS **2814 6TH ST W**  
2.4 CITY - ST - ZIP **LEHIGH ACRES FL 33971**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE **DC** ☒ Change ☐ Addition

4.2 NAME **ED WOJNAR**  
4.3 STREET ADDRESS **5642 RIVERSIDE DR**  
4.4 CITY - ST - ZIP **CAPE CORAL FL 33904**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/96**

**941 369 2086**

Date

Daytime Phone #

CR2E037 (12/95)