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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
FT MYERS FL 33901
USP.O. BOX 928
LEHIGH ACRES FL 33970-0928
US3. Date Incorporated or Qualified
04/11/19883a. Date of Last Report
03/01/19964. FEI Number
65-0173650Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2452 THOMPSON ST

22 City & State

27 City & State

23 Zip

Country

28 FT. MYERS, FL

24

25

29 33901

Country

30

US

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, DOLLY	
STREET ADDRESS	406 HIGHLAND	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KAHLER, BOB	
STREET ADDRESS	2814 6TH STREET WEST	
CITY - ST - ZIP	LEHIGH ACRE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, PEGGY	
STREET ADDRESS	1428 ARCHER ST	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WOJNAR, ED	
STREET ADDRESS	5642 RIVERSIDE DRIVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLOCUM, JOHN	
STREET ADDRESS	2452 THOMPSON ST	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	KING, DAN	
STREET ADDRESS	5531 BUHMAN RD	
CITY - ST - ZIP	N FT MYERS FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP HAVERTY	
1.3 STREET ADDRESS	4110 SE 2ND AVE	
1.4 CITY - ST - ZIP	CAPE CORAL, FL 33904	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENE CHAMBELLAN	
2.3 STREET ADDRESS	5095 SORRENTO CT	
2.4 CITY - ST - ZIP	CAPE CORAL, FL 33904	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHILIP D. CULLINGS	
3.3 STREET ADDRESS	1120 SW 26TH ST	
3.4 CITY - ST - ZIP	CAPE CORAL, FL 33914	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT KAHLER	
4.3 STREET ADDRESS	2814 6TH ST. W.	
4.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33971	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GERALD ELLIOTT	
5.3 STREET ADDRESS	202 NW 18TH PL	
5.4 CITY - ST - ZIP	CAPE CORAL, FL. 33993	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: PHILIP HAVERTY, PRESIDENT Philip Hartman 26 Feb 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # none

CR2E037 (9/96)