2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N32570

TI FILED
Dec 06, 2005
Secretary of State

Entity Name: NAMI LEE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2789 ORTIZ AVE BLDG. B

FORT MYERS, FL 33905 US

Current Mailing Address: New Mailing Address:

PO BOX 50816 PO BOX 50816

FT MEYERS, FL 339940816 US FT MYERS, FL 339940816 US

FEI Number: 65-0122844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STITES, BARBARA A POPOVICH, ANNETTE M EX DIR 16590 PARTRIDGE PL #204 3501 PACKINGHOUSE ROAD FORT MYERS, FL 33908 US ALVA, FL 33920 US

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: ANNETTE M. POPOVICH 12/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition

Name: HARRIS, SHARON Name: STITES, BARBARA A

 Address:
 17121 TERRAVERDE CIRCLE #2205
 Address:
 16590 PARTRIDGE PLACE #204

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: VPD () Delete Title: 2VPD (X) Change () Addition

 Name:
 WELLS, EDWARD
 Name:
 LESTER, DEBRA

 Address:
 4164 COUNTRY CLUB BLVD
 Address:
 1120 VESPER DRIVE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 FORT MYERS, FL 33901

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 STITES, BARBARA A
 Name:
 DE CHOCH, LOURDES

 Address:
 16590 PARTRIDGE PL #204
 Address:
 19381 TAMMY LANE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33917

Title: 2VP () Delete Title: SEC (X) Change () Addition

Name: L'HEUREUX, JANETTE Name: DROUIN, BETH
Address: 1137 SW 46TH TERRACE Address: 1616 POINSETTIA AVENUE

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: FORT MYERS, FL 33901

Title: CSD (X) Delete Title: () Change () Addition Name: TRAHIN, SHERRI Name:

 Name:
 I RAHIN, SHERRI
 Name:

 Address:
 10 BETH STACEY BLVD. #102
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:

Title: ED (X) Delete Title: () Change () Addition

 Name:
 POPOVICH, ÄNNETTE M
 Name:

 Address:
 3501 PACKINGHOUSE ROAD
 Address:

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNETTE M. POPOVICH ED 12/06/2005

Electronic Signature of Signing Officer or Director

Date