# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2007**
**Secretary of State**

DOCUMENT# N32570

**Entity Name:** NAMI LEE COUNTY, INC.

**Current Principal Place of Business:**

2789 ORTIZ AVE
BLDG. B
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

3511 B DR. MLK BLVD
BLDG. B
FORT MYERS, FL 33916 US

**Current Mailing Address:**

PO BOX 50816
FT MYERS, FL 339940816 US

**New Mailing Address:**

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

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

DE CHOCH, LOURDES M PD
19381 TAMMY LN
FORT MYERS, FL 33917 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: VPD ( ) Delete
Name: STITES, BARBARA A
Address: 16590 PARTRIDGE PLACE #204
City-St-Zip: FORT MYERS, FL 33908

Title: 2VPD ( ) Delete
Name: LESTER, DEBRA
Address: 1120 VESPER DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: PD ( ) Delete
Name: DE CHOCH, LOURDES
Address: 19381 TAMMY LANE
City-St-Zip: FORT MYERS, FL 33917

Title: SEC ( ) Delete
Name: DROUIN, BETH
Address: 1616 POINSETTIA AVENUE
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition
Name: STRYKER, ROBERT
Address: 442 SEAWORTHY ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TR (X) Change ( ) Addition
Name: RHYNES, JONATHAN
Address: 506 NE 24TH TERRACE
City-St-Zip: CAPE CORAL, FL 33919

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

Title: SEC (X) Change ( ) Addition
Name: KLEINFIELD, CARY
Address: 14198 LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: LOURDES DE CHOCH PD 04/20/2007

Electronic Signature of Signing Officer or Director — Date