

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32570

Entity Name: NAMI LEE COUNTY, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

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 (X)

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:

CARY, KLEINFELD PRES
14198 LAKES DRIVE
FORT MYERS, FL 33907 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: CARY KLEINFELD

03/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: SEC () Delete
Name: KLEINFELD, CARY
Address: 14198 LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MCKINNEY, LANCE
Address: 3783 SEAGO LANE
City-St-Zip: FORT MYERS, FL 33901

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

Title: DIR (X) Change () Addition
Name: FLECK, ARTHUR II
Address: 7683 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: SEC (X) Change () Addition
Name: CASIANO, JACQUELINE
Address: 4816 MARINE DRIVE, APT 5
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR () Change (X) Addition
Name: KRATT, DIANE
Address: 11430 HEIDI LEE LANE
City-St-Zip: FORT MYERS, FL 33908

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: CARY KLEINFELD

PD

03/19/2008

Electronic Signature of Signing Officer or Director

Date