2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N32570

Entity Name: NAMI LEE COUNTY, INC.

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 ( )**

Name and Address of Current Registered Agent:

CARY, KLEINFIELD PRES
14198 LAKES DRIVE
FORT MYERS, FL 33907 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: MCKINNEY, LANCE
Address: 3783 SEAGO LANE
City-St-Zip: FORT MYERS, FL 33901

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change ( ) Addition
Name: COLORATO, DAVID
Address: 1470 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

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

Title: SEC (X) Change ( ) Addition
Name: NARRANJO, GIOVANNI
Address: 7920 SUMMERLIN LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

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

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

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: ELIZABETH GIVENS ED 02/18/2009
Electronic Signature of Signing Officer or Director — Date