

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90571 018 ****61.25

DOCUMENT # N36871
 1. Entity Name
 LEE COUNTY EDUCATIONAL ADMINISTRATORS ASSOCIATION, INC.



Principal Place of Business: POST OFFICE BOX 7393, FT. MYERS, FL 33911
 Mailing Address: POST OFFICE BOX 7393, FT. MYERS, FL 33911

40073000



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04222005 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0181654
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STICKLES, EDWARD
 5345 CHIPPENDALE CR
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	STICKLES, EDWARD	
STREET ADDRESS	5345 CHIPPENDALE CR	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, GREGORY	
STREET ADDRESS	3705 SW 6TH PL	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP P	<input type="checkbox"/> Delete
NAME	DEMMNG, GERALD	
STREET ADDRESS	108 NE 12TH CT.	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAZER, RONALD M	
STREET ADDRESS	5121 WESTMINSTER DR	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, NANCY	
STREET ADDRESS	11260 JACANA CT. #2009	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARON WARNECKE	
STREET ADDRESS	1570 WHISKEY CREEK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Stickle EDWARD STICKLES 4/28/05 (239) 565-5859
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #