

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N36871

Entity Name: LEE COUNTY EDUCATIONAL ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 7393
FT. MYERS, FL 33911

New Principal Place of Business:

5345 CHIPPENDALE CIRCLE
FT. MYERS, FL 33919

Current Mailing Address:

POST OFFICE BOX 7393
FT. MYERS, FL 33911

New Mailing Address:

FEI Number: 65-0181654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STICKLES, EDWARD
5345 CHIPPENDALE CR
FORT MYERS, FL 33919 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: ED () Delete
Name: STICKLES, EDWARD
Address: 5345 CHIPPENDALE CR
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: DEMMNG, GERALD
Address: 108 NE 12TH CT.
City-St-Zip: CAPE CORAL, FL 33909

Title: P () Delete
Name: FRAZER, RONALD M
Address: 5121 WESTMINSTER DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BOWAN, TOMMY
Address: 3500 AQUALINA BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: NUNEZ, CYNTHIA
Address: 2855 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33911

Title: VPD () Delete
Name: WARNECKE, SHARON
Address: 1570 WHISKEY CREEK DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: EDWARD STICKLES

ED

01/07/2009

Electronic Signature of Signing Officer or Director

Date