

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37978

FILED
Mar 19, 2009
Secretary of State

Entity Name: LEE COUNTY GOVERNMENTAL LEASING CORPORATION

Current Principal Place of Business:

2115 2ND ST.
6TH FLOOR
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2115 2ND ST.
6TH FLOOR
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0194072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OWEN, DAVID M
2115 2ND ST.
FT. MYERS, FL 33901 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: D () Delete
Name: JANES, ROBERT
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: PD () Delete
Name: JUDAH, RAY
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: HALL, TAMMY
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: VD () Delete
Name: MANN, FRANK
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: BIGELOW, BRIAN
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: ST () Delete
Name: STILWELL, DONALD D
Address: 2115 SECOND STREET
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: HALL, TAMMY
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

Title: D (X) Change () Addition
Name: MANN, FRANK
Address: 2120 MAIN ST.
City-St-Zip: FT. MYERS, FL 33901

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: RAY JUDAH

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date