

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38804

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** LEE COUNTY FIRE MARSHAL'S ASSOCIATION, INC.

**Current Principal Place of Business:**

21500 THREE OAKS PARKWAY  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1233  
FT. MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 65-0266221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GREEN, PHILLIP  
907 SE 19TH LANE  
CAPE CORAL, FL 33990 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:** T  
**Name:** FERNANDEZ, TIM  
**Address:** 9212 ESTERO RIVER CIRCLE  
**City-St-Zip:** ESTERO, FL 33928 US

**Title:** PRES  
**Name:** GREEN, PHILLIP  
**Address:** 907 SE 19TH LANE  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** D  
**Name:** CARTER, ALAN  
**Address:** 1020 CULTURAL PARKWAY  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** SEC  
**Name:** MOHR, CAROLYN  
**Address:** 13300-56 SOUTH CLEVELAND AVENUE  
**City-St-Zip:** FORT MYERS, FL 33907 US

I hereby 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 all other like empowered.

**SIGNATURE:** PHILLIP GREEN

PRES

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date