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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39151** (8)

1. Corporation Name

FT. MYERS BEACH 4TH OF JULY FIREWORKS COMMITTEE, INC.

Principal Place of Business

**1130 MAIN ST
FT. MYERS BEACH FL 33931
US**

Mailing Address

**1130 MAIN ST
FT. MYERS BEACH FL 33931
US**

3. Date Incorporated or Qualified

07/19/1990

4. FEI Number

65-0357231

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GRAY, JOANNE
1120 MAIN STREET
FORT MYERS FL 33931**

10. Name and Address of New Registered Agent

81 Name

Joanne Semmer

82 Street Address (P.O. Box Number is Not Acceptable)

1130 Main St.

83 City

Ft. Myers Beach

FL

85 Zip

33931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Joanne Semmer

(NOTE: Registered Agent signature required when reinstating)

1-26-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SEMMER, WILLIAM J.**
STREET ADDRESS **6100 ESTERO BLVD.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **D** ☐ DELETE

NAME **SEMMER, SHIRLEY S.**
STREET ADDRESS **6100 ESTERO BLVD.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **D** ☐ DELETE

NAME **GRAY, JOANN**
STREET ADDRESS **6100 ESTERO BLVD.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **D** ☒ DELETE

NAME **HARROD, BRENDA**
STREET ADDRESS **6100 ESTERO BLVD.**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1130 main St.
Ft. Myers Beach, FL 33931**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1130 main St.
Ft. Myers Beach, FL 33931**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Joanne Semmer
1130 main St.
Ft. Myers Beach, FL 33931**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Delete

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Directors
Nichole A. Semmer
1130 main St.
Ft. Myers Beach, FL 33931**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Semmer **Joanne Semmer 1-26-98 941-463-2588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-463-2588

CR2E037 (10/97)