

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90043 032 ****61.25

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DOCUMENT # N39151

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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
84 City **Ft. Myers Beach FL** 85 Zip Code **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

1-25-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SEMMER, WILLIAM J.**
STREET ADDRESS **1130 MAIN ST**
CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

TITLE ☐ DELETE
NAME **D SEMMER, SHIRLEY S.**
STREET ADDRESS **1130 MAIN ST**
CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

TITLE ☐ DELETE
NAME **D SUMMER, JOANNE**
STREET ADDRESS **1130 MAIN ST**
CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

TITLE ☐ DELETE
NAME **D SEMMER, NICHOLE A**
STREET ADDRESS **1130 MAIN ST**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **Joanne J Semmer**
3.4 CITY-ST-ZIP **1130 Main Street**
Ft. Myers Beach, FL 33931

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Joanne Semmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 941-463-2588

Date

Daytime Phone #

CR2E037 (11/98)