

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40935

(1)

1. Corporation Name

GENESIS III OF LEE COUNTY, INC.



Principal Place of Business

**5264-4 CLAYTON COURT
FORT MYERS FL 33907**

Mailing Address

**5264-4 CLAYTON COURT
FORT MYERS FL 33907**

3. Date Incorporated or Qualified
11/26/1990

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0212345

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMER, ROSE E

1516 SW 53RD LANE

CAPE CORAL FL 33914

*5264 Clayton Ct #4
Fort Myers, FL 33907*

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE

NAME **HARMER, ROSE E**
STREET ADDRESS **1516 SW 53RD LANE**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE **SD** ☐ DELETE

NAME **GARCZYNSKI, CAROLE**
STREET ADDRESS **12331 OAK BROOK COURT**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE

NAME **HARMER, ROBERT E**
STREET ADDRESS **1516 SW 53RD LANE**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE **TD** ☐ DELETE

NAME **KINGON, ANN**
STREET ADDRESS **1100-17 METRO PARKWAY**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE

NAME **REED, MICHAEL**
STREET ADDRESS **849 S.W. 18TH STREET**
CITY - ST - ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition

1.2 NAME **Steve Hartsell**
1.3 STREET ADDRESS **1833 Hendry St.**
1.4 CITY - ST - ZIP **Ft. Myers, FL 33902-1507**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Linda Reynolds**
2.3 STREET ADDRESS **5657 Eichen Cr. Ft. Myers, FL 33919**
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rose Harmer, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 (941) 939-5504
Date Daytime Phone #

CR2E037 (12/95)