

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33907-21123. Date Incorporated or Qualified
11/26/19903a. Date of Last Report
01/31/1996

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 Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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.
5264 CLAYTON CT., #7
FT. MYERS FL 33907

81 Name

Dr. Linda S. Patton

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

5264 Clayton Court

83

84 City

Fort Myers, Florida

FL

85 Zip Code

33907

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 Dr. Linda S. Patton, Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HARMER, ROSE E
STREET ADDRESS 1516 SW 53RD LANE
CITY-ST-ZIP CAPE CORAL FLTITLE SD ☒ DELETE
NAME GARCZYNSKI, CAROLE
STREET ADDRESS 12331 OAK BROOK COURT
CITY-ST-ZIP FT. MYERS FLTITLE D ☒ DELETE
NAME HARMER, ROBERT E
STREET ADDRESS 1516 SW 53RD LANE
CITY-ST-ZIP CAPE CORAL FLTITLE TD ☒ DELETE
NAME KINGON, ANN
STREET ADDRESS 1100-17 METRO PARKWAY
CITY-ST-ZIP FT. MYERS FLTITLE D ☒ DELETE
NAME HARTSELL, STEVE
STREET ADDRESS 1833 HENDRY ST.
CITY-ST-ZIP FT. MYERS FLTITLE S ☐ DELETE
NAME REYNOLDS, LINDA
STREET ADDRESS 5657 EICHEN CR.
CITY-ST-ZIP FT. MYERS FL1.1 TITLE Steven C. Hartsell PD ☒ Change ☐ Addition
1.2 NAME 1833 Hendry Street
1.3 STREET ADDRESS Fort Myers, Florida 33902
1.4 CITY-ST-ZIP2.1 TITLE John O'Conner TD ☐ Change ☒ Addition
2.2 NAME 3003 Tamiami Trail North
2.3 STREET ADDRESS Naples, Florida 33940
2.4 CITY-ST-ZIP3.1 TITLE Randy Simmons SD ☐ Change ☒ Addition
3.2 NAME 3825 McGregor Boulevard
3.3 STREET ADDRESS Fort Myers, Florida 33901
3.4 CITY-ST-ZIP4.1 TITLE Robin Kull D ☐ Change ☒ Addition
4.2 NAME Integrated Living Communities, Inc.
4.3 STREET ADDRESS 24850 Old 41 Road, Suite 10
4.4 CITY-ST-ZIP Bonita Springs, Florida 34135-70225.1 TITLE Rev. Phil Goss D ☐ Change ☒ Addition
5.2 NAME 1238 S.E. 13th Avenue
5.3 STREET ADDRESS Cape Coral, Florida 33990
5.4 CITY-ST-ZIP6.1 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 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: Steven C. Hartsell, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055462

CF2E037 (9/96)