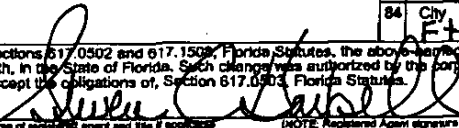


FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90083 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40935			
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	
			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	11/26/1990	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22	27	65-0212345	
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip	Zip	Country	
24	25	30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PATTON, LINDA 5264 CLAYTON CT FT. MYERS FL 33907		81 Name Hartsell Steven C 82 Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry St 83 84 City Ft. Myers FL 85 Zip Code 33901	
11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 		DATE 4-29-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☐ Change ☒ Addition	
TITLE	PD	1.1 TITLE	D
NAME	HARTSELL, STEVEN C	1.2 NAME	Sandra McQuinn
STREET ADDRESS	1833 HENDRY ST	1.3 STREET ADDRESS	811 N. ENTHRADE DR.
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	TD	2.1 TITLE	
NAME	O'CONNOR, JOHN	2.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MITCHELL, DELVRA	3.2 NAME	
STREET ADDRESS	633 ASTARIAS CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KULL, ROBIN	4.2 NAME	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GOSS, REV. PHIL	5.2 NAME	
STREET ADDRESS	1238 SE 13 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	REYNOLDS, LINDA	6.2 NAME	
STREET ADDRESS	5657 EICHEN CR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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:  **STEVEN C. HARTSELL** 19-99 941-936-6244
 SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OF STATE OR DIRECTOR
 PESS/DIE.

CR2E037 (1/798)