

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


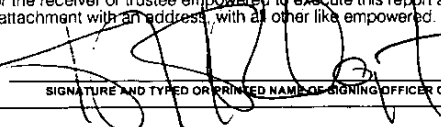
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Jan 17, 2007 8:00 am
Secretary of State

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01092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N41394					
1. Entity Name LEE COUNTY COALITION FOR A DRUG-FREE SOUTHWEST FLORIDA, INC.					
Principal Place of Business 909 SE 47TH TERRACE SUITE 206 CAPE CORAL, FL 33904 US			Mailing Address 909 SE 47TH TERRACE SUITE 206 CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3052892	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITAR, GEORGE III ESQ 14750 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD KRUEGER, KAREN 636 DEL PRADO BLVD CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD Krieger, Karen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8300 College Pkwy #200 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KRIEGER, KAREN <input checked="" type="checkbox"/> Delete 636 DEL PRADO BLVD. CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MIKE SCOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14750 SIX MILE Cypress Pkwy FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAGAIN, BRUCE <input type="checkbox"/> Delete 4707 SE 9TH PL, STE 2 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMKA, CAROL <input checked="" type="checkbox"/> Delete 2233 SW 44TH TERR CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Edward M. BUFF <input type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 485 ALVA, FL 33920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Keral Kronseder-Vogt 01/10/07 2395419003			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			