

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41394

FILED
Jan 08, 2010
Secretary of State

Entity Name: LEE COUNTY COALITION FOR A DRUG-FREE SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1490 NE PINE ISLAND RD.
STE. 6-F
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

1490 NE PINE ISLAND RD.
STE. 6-F
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 59-3052892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITAR, GEORGE III ESQ
14750 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD
Name: KRIEGER, KAREN
Address: 8300 COLLEGE PKWY. #200
City-St-Zip: FORT MYERS, FL 33919

Title: COD
Name: SCOTT, MIKE
Address: 14750 SIX MILE CYPRESS PKWY.
City-St-Zip: FORT MYERS, FL 33912

Title: S
Name: STILES, CHARLES B
Address: 9788 SPYGLASS COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T
Name: STILES, CHARLES
Address: 9788 SPYGLASS COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH COMELLA

EXEC

01/08/2010

Electronic Signature of Signing Officer or Director

Date