

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41394

FILED  
Jan 07, 2011  
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:**

3763 EVANS AVENUE  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 61688  
FORT MYERS, FL 33906 US

**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

ED

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date