

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90248 049 \*\*\*\*61.25

**DOCUMENT # N42863**

1. Entity Name

LEE COUNTY CHAPTER AMERICAN RED CROSS INC.



Principal Place of Business

2516 COLONIAL BLVD  
SUITE 201  
FORT MYERS FL 33907  
US

Mailing Address

2516 COLONIAL BLVD  
SUITE 201  
FORT MYERS FL 33907  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0808350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINGATE, ROBIN E  
2516 COLONIAL BLVD  
STE 201  
FT MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME STOUT, MARILYN  
STREET ADDRESS 2907 SW 29TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE TD ☒ Delete  
NAME HARRISON, RANDY  
STREET ADDRESS 3980 HIDDEN ACRES CIRCLE  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE CD ☒ Delete  
NAME TUCKER, DAVID  
STREET ADDRESS 13525 BELL TOWER DRIVE  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE VD ☐ Delete  
NAME PESCATRICE, JOSEPH  
STREET ADDRESS 2712 SW 13TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VD ☐ Delete  
NAME VOGT, CHRISTY  
STREET ADDRESS 2000 MAIN STREET, SUITE 303  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME QUADE, DEBRA  
STREET ADDRESS 15431 GREENOCK LANE  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE CD ☐ Change ☒ Addition  
NAME STEAKLEY, JOHN  
STREET ADDRESS 3329 SW 2ND AVENUE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME VOGT, CHRISTINE  
STREET ADDRESS 6422 MORGAN LA FEE LANE  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

4/20/04

SIGNATURE: *Robin E. Wingate*

ROBIN E. WINGATE EXECUTIVE DIRECTOR (239) 278-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #