

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42863

FILED
Apr 20, 2005
Secretary of State

Entity Name: LEE COUNTY CHAPTER AMERICAN RED CROSS INC.

Current Principal Place of Business:

2516 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

2516 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-0808350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUSTER, HEIDI
2516 COLONIAL BLVD
SUITE 201
FORT MYERS, FL 33907 US

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: HEIDI RUSTER

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: STOUT, MARILYN
Address: 2907 SW 29TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: QUADE, DEBRA
Address: 15431 GREENOCK LANE
City-St-Zip: FORT MYERS, FL 33912

Title: CD () Delete
Name: TUCKER, DAVID
Address: 3329 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: PESCATRICE, JOSEPH
Address: 2712 SW 13TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: VOGT, CHRISTINE
Address: 6422 MOGAN LA FEE LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HIMSCHOOT, THERESA
Address: P.O. BOX 874
City-St-Zip: FORT MYERS, FL 33902

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: STEAKLEY, JOHN
Address: 3329 SW 2ND AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD (X) Change () Addition
Name: PESCATRICE, JOSEPH
Address: 2712 SW 13TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN STEAKLEY

CD

04/20/2005

Electronic Signature of Signing Officer or Director

Date