

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42863

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: LEE COUNTY CHAPTER AMERICAN RED CROSS INC.

## Current Principal Place of Business:

6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33912 US

## Current Mailing Address:

6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33966 US

## New Mailing Address:

6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33966 US

FEI Number: 59-0808350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSTER, HEIDI  
6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

RUSTER, HEIDI  
6310 TECHSTER BLVD.  
SUITE 7  
FORT MYERS, FL 33966 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

04/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: TD ( ) Delete  
Name: GISLASON, ROBERT  
Address: 11370 BENT PINE DRIVE  
City-St-Zip: FORT MYERS, FL 33913

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HEIDI RUSTER

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date