2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N42863

Entity Name: LEE COUNTY CHAPTER AMERICAN RED CROSS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

RUSTER, HEIDI
6310 TECHSTER BLVD.
SUITE 7
FORT MYERS, FL 33966 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: SD ( ) Delete
Name: HIMSCHOOT, THERESA
Address: P.O. BOX 874
City-St-Zip: FORT MYERS, FL 33902

Title: TD ( ) Delete
Name: GISLASON, ROBERT
Address: 11851 CYPRESS LINKS DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: CD ( ) Delete
Name: TOSCANO, RANDOLPH
Address: 13405 LITTLE GEM CIRCLE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: HARTNER, JUDITH
Address: 11411 WATERFORD VILLAGE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: TD (X) Change ( ) Addition
Name: DUKE, JASON
Address: 14788 CALUSA PALMS DRIVE #202
City-St-Zip: FORT MYERS, FL 33919

Title: CD (X) Change ( ) Addition
Name: PEACOCK, COLE
Address: 1549 REYNARD DRIVE
City-St-Zip: FORT MYERS, FL 33919

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 RA 04/27/2009

Electronic Signature of Signing Officer or Director — Date