

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47773 (9)

1. Corporation Name

FLORIDA HOUSE FOUNDATION OF LEE COUNTY, INC.
LEE COUNTY EXTENSION ADVISORY BOARD, INC.

Principal Place of Business

Mailing Address

3406 PALM BEACH BLVD
FT MYERS FL 33905
US

3406 PALM BEACH BLVD
FT MYERS FL 33905
US



2. Principal Place of Business

2a. Mailing Address

21 3406 Palm Beach Blvd.

26 3406 Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Fort Myers, FL

28 Fort Myers, FL

Zip

Country

Zip

Country

24 33916

25 USA

29 33916

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
05/18/1995

4. FEI Number

65-0333586

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

BRANDT, ROYAL A.
3406 PALM BEACH BLVD
FT MYERS FL 33905

81 Name

Susan L. Hedge

82 Street Address (P.O. Box Number is Not Acceptable)

3406 Palm Beach Blvd.

83

84 City

Port Myers

FL

85 Zip Code
33916

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes.

SIGNATURE

Susan L. Hedge

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD
NAME JONES, DELL
STREET ADDRESS 321 LITTLE GROVE
CITY-ST-ZIP N FT MYERS FL 33917

DELETED

1.1 TITLE PD
1.2 NAME Simon Musler
1.3 STREET ADDRESS 14821 Duke Highway
1.4 CITY-ST-ZIP Alva, FL 33920

Change Addition

TITLE VD
NAME CERNEY, WILL
STREET ADDRESS 5371 DELMONTE CT
CITY-ST-ZIP CAPE CORAL FL 33904

DELETED

2.1 TITLE VD
2.2 NAME Joyce Comingore
2.3 STREET ADDRESS 624 SW 20th Terrace
2.4 CITY-ST-ZIP Cape Coral, FL 33991-3766

Change Addition

TITLE TD
NAME SCHOLLE, RAE ANN
STREET ADDRESS 1880 STEVENSON ROAD
CITY-ST-ZIP NORTH FORT MYERS FL 33917

DELETED

3.1 TITLE TD
3.2 NAME Dotty Feather
3.3 STREET ADDRESS 1714 SW 11th Avenue
3.4 CITY-ST-ZIP Cape Coral, FL 33991

Change Addition

TITLE SD
NAME HENLEY, JAMES
STREET ADDRESS 17261 ORIOLE RD
CITY-ST-ZIP FORT MYERS FL

DELETED

4.1 TITLE SD
4.2 NAME Murr Mooney
4.3 STREET ADDRESS 2143 Periwinkle Way
4.4 CITY-ST-ZIP Sanibel, FL 33957

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

200001870882
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***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Simon Musler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (941) 693-5703

Date

Daytime Phone #

CR2E037 (12/95)