

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N47773** (9)
1. Corporation Name
LEE COUNTY EXTENSION ADVISORY BOARD INC.



Principal Place of Business 3406 PALM BEACH BLVD FT MYERS FL 33916 US	Mailing Address 3406 PALM BEACH BLVD FT MYERS FL 33916 US
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 03/09/1992
4. FEI Number 65-0333586
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HEDGE, SUSAN L 3406 PALM BEACH BLVD FT MYERS FL 33916

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--

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, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MUSLER, SIMON
STREET ADDRESS	14821 DUKE HIGHWAY
CITY-ST-ZIP	ALVA FL 33920
TITLE	VP <input type="checkbox"/> DELETE
NAME	PINCUS, JOEL
STREET ADDRESS	5964 SONNET COURT
CITY-ST-ZIP	FT. MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FEATHER, DOTTY
STREET ADDRESS	1714 SW 11TH AVE.
CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	SD <input type="checkbox"/> DELETE
NAME	MOONEY, MURR
STREET ADDRESS	2143 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joel Pincus
1.3 STREET ADDRESS	5964 Sonnet Court
1.4 CITY-ST-ZIP	Fort Myers, FL 33903-4539
2.1 TITLE	Vice President "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gail Varley
2.3 STREET ADDRESS	15341 Thornton Road
2.4 CITY-ST-ZIP	Fort Myers, FL 33908
3.1 TITLE	Treasurer "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dotty Leppert
3.3 STREET ADDRESS	1714 SW 11th Avenue
3.4 CITY-ST-ZIP	Cape Coral, FL 33991
4.1 TITLE	Secretary "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Florence Pincus
4.3 STREET ADDRESS	5964 Sonnet Court
4.4 CITY-ST-ZIP	Fort Myers, FL 33903-4539
5.1 TITLE	"T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Will Cerney
5.3 STREET ADDRESS	5371 Del Monte Court
5.4 CITY-ST-ZIP	Cape Coral, FL 33904-5913
6.1 TITLE	"T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Georgene Phinney
6.3 STREET ADDRESS	13350 Apaloosa Lane
6.4 CITY-ST-ZIP	Fort Myers, FL 33912-1842

14. 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 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 address.

Joel Pincus

9/11 901-7797

CR2E037 (1097)