

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90050 016 \*\*\*\*61.25

**DOCUMENT # N47773**

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/09/1992

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

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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PINCUS, JOEL  
STREET ADDRESS 5964 SONNET COURT  
CITY-ST-ZIP FORT MYERS FL 33903

☐ DELETE

TITLE VPD  
NAME VARLEY, GAIL  
STREET ADDRESS 15341 THORNTON ROAD  
CITY-ST-ZIP FT. MYERS FL 33908

☐ DELETE

TITLE TD  
NAME LEPPERT, DOTY  
STREET ADDRESS 1714 SW 11TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL 33991

☐ DELETE

TITLE SD  
NAME PINCUS, FLORENCE  
STREET ADDRESS 5964 SONNET COURT  
CITY-ST-ZIP FORT MYERS FL 33903

☒ DELETE

TITLE T  
NAME CERNEY, WILL  
STREET ADDRESS 5371 DEL MONTE COURT  
CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

TITLE T  
NAME PHINNEY, GEORGENE PHINN  
STREET ADDRESS 13350 APALOOSA LANE  
CITY-ST-ZIP FORT MYERS FL 33912

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

Secretary  
Joyce Comingore  
917 SE 25th Lane  
Cape Coral, FL 33904-2966

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

Trustee  
Nana Neal  
305 Ohio Road  
Lehigh Acres, FL 33936

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)