

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47773

FILED
Apr 30, 2004
Secretary of State

Entity Name: LEE COUNTY EXTENSION ADVISORY BOARD INC.

Current Principal Place of Business:

3406 PALM BEACH BLVD
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

3406 PALM BEACH BLVD
FT MYERS, FL 33916 US

New Mailing Address:

FEI Number: 65-0333586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDGE, SUSAN L
3406 PALM BEACH BLVD
FT MYERS, FL 33916 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: PD () Delete
Name: ROEDER, MIKE
Address: 2929 BONITA STREET
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: KALISZ, KAREN
Address: 3920 MICHIGAN AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: TD () Delete
Name: FEATHER, DOTTY
Address: 1714 SW 11TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: SD () Delete
Name: SWANSON, JANET
Address: 3037 SE 11TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: CERNEY, WILL
Address: 5371 DEL MONTE COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: YOUNG, LYNDA
Address: 3005 SE 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE ROEDER

PR

04/30/2004

Electronic Signature of Signing Officer or Director

Date