


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 050 ****61.25

DOCUMENT # N47881

1. Entity Name
LEE COUNTY SPORTS ORGANIZATION COMMITTEE, INC.



Principal Place of Business
~~2890 PALM BEACH BLVD~~
~~FORT MYERS, FL 33916 US~~

Mailing Address
~~P.O. BOX 61243~~
~~FT. MYERS, FL 33908 US~~

2. Principal Place of Business
909 SE 47TH TERR

3. Mailing Address
P.O. BOX 101548

Suite, Apt. #, etc.
SUITE 203 # 8

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL


City & State
CAPE CORAL FL

Zip
33904

Country
LEE

Zip
33910

Country
LEE



02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0334642

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARKHAM, NORTON, MORSTELLER, WRIGHT & CO
8961 CONFERENCE DR
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD BAGGOT, DAN 2890 PALM BCH BV FORT MYERS, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE PASQUALE, COLLEEN 2960 COLONIAL BLVD FORT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOBDELL, MICHELINE 8955 DANIELS PKWY FORT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete COKES, SOLOMON 1365 INDIAN POINT LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NAYLOR, JOHN 275 ESTERO BLVD FORT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LARKIN, JIM 13051 BELL TOWER DRIVE FORT MYERS, FL 33907

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT EMERITUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12600 UNIVERSITY DR. FT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEB KENNEDY 4455 METRO PKWY FT. MYERS FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GINNY STUART 11281 SUMMERLIN SQUARE BLVD FT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dan Baggot DAN BAGGOT - 3/15/06 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR