

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47881

FILED
Apr 21, 2011
Secretary of State

Entity Name: LEE COUNTY SPORTS ORGANIZATION COMMITTEE, INC.

Current Principal Place of Business:

909 SE 47TH TERR
SUITE 203 #8
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101548
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0334642 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARKHAM, NORTON, MOSTELLER, WRIGHT & CO
8961 CONFERENCE DR
FORT MYERS, FL 33919 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: PPE
Name: BAGGOT, DAN
Address: 1945 ORTIZ AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: P
Name: DE PASQUALE, COLLEEN
Address: 12600 UNIVERSITY DR
City-St-Zip: FORT MYERS, FL 33907

Title: PPT
Name: LOBDELL, MICHELINE
Address: 8955 DANIELS PKWY
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: KENNEDY, DEB
Address: 4455 METRO PKWY
City-St-Zip: FORT MYERS, FL 33916

Title: D
Name: ANDERSON, SHIRL
Address: 1538 CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: LARKIN, JIM
Address: 13051 BELL TOWER DRIVE
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: SHIRL ANDERSON

D

04/21/2011

Electronic Signature of Signing Officer or Director

Date