

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:46

DOCUMENT # **N48596** (3)

1. Corporation Name

LEE COUNTY EMPLOYMENT & ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

2121 W. 1ST ST.
REAR
FT. MYERS FL 33901

2121 W. 1ST ST.
REAR
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1992

3a. Date of Last Report

02/16/1994

4. FEI Number

65-0331857

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPP, RICHARD
2789 ORTIZ AVENUE LEE MENTAL HEALTH CTR.
FT. MYERS FL 33905-7806

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
SAPP, RICHARD
LEE MENTAL HEALTH CTR, 2789 ORTIZ AVE.
FT. MYERS FL 33905

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
WEST, EARL B.
2275 CENTRAL AVENUE, #48
FT. MYERS FL 33901

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CINTRON, CARMEN
4826 SW HAGER COURT
FT. MYERS FL 33908

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
D
Julio Gonzalez
12998 S. Cleveland Ave, Suite 287
Ft. Myers, FL 33907
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
NEAL, FRANK
23223 AVENUE B
ALVA FL 33920

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
D
Alice Neal
23080 Avenue B
Alva, FL 33920
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ERVIN, FRED
23100 AVENUE A.
ALVA FL 33920

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
D
Mattie Douglas
23071 Avenue B
Alva, FL 33920
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SMITH HORACE
3318 LINCOLN BLVD.
FT. MYERS FL 33918

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
D
Al Neuman
3830 Evans Ave, Suite 3-A
Fort Myers, FL 33901
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Richard A. Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95

Date

Expiration 1 Year