

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 24 1996 8:00 am
Secretary of State

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**

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REAR
FT. MYERS FL 33901**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/28/1992		03/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 1		27 Suite 1		65-0331857		<input checked="" type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25		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)	2789 Ortiz Ave., Ruth Cooper Center
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D
NAME	SAPP, RICHARD	1.2 NAME	Rev. Russell Brown
STREET ADDRESS	LEE MENTAL HEALTH CTR, 2789 ORTIZ AVE.	1.3 STREET ADDRESS	2 Kingsman Circle
CITY - ST - ZIP	FT. MYERS FL 33905	1.4 CITY - ST - ZIP	Fort Myers, FL 33905-4308
TITLE	TD	2.1 TITLE	D
NAME	WEST, EARL B.	2.2 NAME	Rev. Alan B. Stockton
STREET ADDRESS	2275 CENTRAL AVENUE, #48	2.3 STREET ADDRESS	Mt. Olive AME Church
CITY - ST - ZIP	FT. MYERS FL 33901	2.4 CITY - ST - ZIP	2574 Orange Street
TITLE	D	3.1 TITLE	S/D
NAME	GONZALEZ, JULIO	3.2 NAME	Ms. Diane Spears, Dir., Oncology Dept.
STREET ADDRESS	12998 S. CLEVELAND AVE., STE. 287	3.3 STREET ADDRESS	Lee Memorial Hospital
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	2776 Cleveland Avenue
TITLE	D	4.1 TITLE	FT. MYERS, FL 33901
NAME	NEAL, FRANK	4.2 NAME	Mr. Lee H. Pitts
STREET ADDRESS	23080 AVENUE B	4.3 STREET ADDRESS	3870 Central Ave, Apt. 303
CITY - ST - ZIP	ALVA FL	4.4 CITY - ST - ZIP	Ft. Myers, FL 33901
TITLE	D	5.1 TITLE	D
NAME	DOUGLAS, MATTIE	5.2 NAME	Mr. Abdul'Haq Muhammad
STREET ADDRESS	23071 AVENUE B	5.3 STREET ADDRESS	Quality Life Center of S.W. Florida
CITY - ST - ZIP	ALVA FL	5.4 CITY - ST - ZIP	2121 West First Street, Suite 4
TITLE	D	6.1 TITLE	Fort Myers, FL 33901
NAME	NEUMAN, AL	6.2 NAME	Ms. Alice Neal
STREET ADDRESS	3830 EVANS AVE. STE 3A	6.3 STREET ADDRESS	23080 Avenue B
CITY - ST - ZIP	FT. MYERS FL	6.4 CITY - ST - ZIP	Alva, FL 33920

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)(k), 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 Sapp

6-13-96

(941) 337-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Sapp, Chairman of the Board

Date

Daytime Phone #

CR2E037 (3/96)