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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48596 (3)

1. Corporation Name

LEE COUNTY EMPLOYMENT & ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

2121 W. 1ST ST.  
SUITE 1  
FT. MYERS FL 33901  
US

Mailing Address

2121 W. 1ST ST.  
SUITE 1  
FT. MYERS FL 33901-3224  
US

3. Date Incorporated or Qualified  
04/28/1992

3a. Date of Last Report  
06/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number  
65-0331857

Applied For  
Not Applicable

5. Certificate of Status Desired XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

RUTH COOPER CENTER  
2789 ORTIZ AVE  
FT. MYERS FL 33905-7806

10. Name and Address of New Registered Agent

81 Name

Richard Sapp

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

3275 South Street

84 City

Fort Myers

FL

85 Zip Code

33916

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)

3/28/97

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SAPP, RICHARD	
STREET ADDRESS	LEE MENTAL HEALTH CTR, 2789 ORTIZ AVE.	
CITY - ST - ZIP	FT. MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	REV STOCKTON, ALAN B MT OLIV	
STREET ADDRESS	2574 ORANGE ST	
CITY - ST - ZIP	FT MYERS FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPEARS, DIANE DIR ONCO	
STREET ADDRESS	2776 CLEVELAND AVE	
CITY - ST - ZIP	FT MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTS, LEE H	
STREET ADDRESS	3870 CENTRAL AVE APT 303	
CITY - ST - ZIP	FT MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, MATTIE	
STREET ADDRESS	23071 AVENUE B	
CITY - ST - ZIP	ALVA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEAL, ALICE	
STREET ADDRESS	23080 AVE B	
CITY - ST - ZIP	ALVA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sapp, Richard
1.3 STREET ADDRESS	3275 South Street
1.4 CITY - ST - ZIP	Fort Myers, FL 33916

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

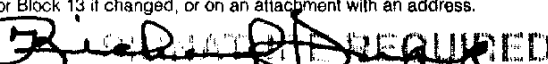
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pitts, Lee H.
4.3 STREET ADDRESS	2201 Second Street
4.4 CITY - ST - ZIP	Fort Myers, FL 33901

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Sapp 3/7/97 (941) 337-2300

Date

Daytime Phone # 005843

CR2E037 (9/96)