

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N48598** (9)

1. Corporation Name

LEHIGH ACRES LITERACY COUNCIL, INC.



Principal Place of Business

**9 BETH STACEY BLVD
STE 202
LEHIGH ACRES FL 33936
US**

Mailing Address

**9 BETH STACEY BLVD
STE 202
LEHIGH ACRES FL 33936
US**

3. Date Incorporated or Qualified
04/27/1992

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0217732

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**

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

9. Name and Address of Current Registered Agent

**ROOT, MARY G.
1109 WASHINGTON AVENUE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ROOT, MARY G.**
STREET ADDRESS **1109 WASHINGTON AVE.**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **AD** ☒ DELETE
NAME **COATES, JEANNE M.**
STREET ADDRESS **133 BROOKSIDE**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **D** ☐ DELETE
NAME **LEPIEN, LORAIN M.**
STREET ADDRESS **10 BETH STACEY**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **T** ☒ DELETE
NAME **FERRANTE, J PATRICIA**
STREET ADDRESS **410 CATCUS CIRCLE**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **S** ☒ DELETE
NAME **BALAS, EILEEN**
STREET ADDRESS **10 BETH STACEY**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Assistant Director**
2.3 STREET ADDRESS **Joan R. Masee**
2.4 CITY-ST-ZIP **2214 Gardenia Way
Lehigh Acres, FL. 33936**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **George E. Goodwin**
4.4 CITY-ST-ZIP **518 Poinsettia
Lehigh Acres, FL. 33936**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Secretary**
5.3 STREET ADDRESS **Marie K. Watson**
5.4 CITY-ST-ZIP **205 Eaglesmere Dr.
Lehigh Acres, FL. 33936**

6.1 TITLE ☐ Change ☐ 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 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:

Mary G. Root
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 1996

941-369-7747 Phone #

CR2E037 (12/95)