


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90041 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48598**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/27/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0217732
City & State	City & State	Applied For
23	28	<input checked="" type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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	Same
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	33972

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOT, MARY G.	1.2 NAME	
STREET ADDRESS	1109 WASHINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	D- <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEE, JOAN R	2.2 NAME	
STREET ADDRESS	2214 GARDENIA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPIEN, LORAIN M.	3.2 NAME	
STREET ADDRESS	10 BETH STACEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODWIN, GEORGE E	4.2 NAME	Balas, Eileen S.
STREET ADDRESS	518 POINSETTIA	4.3 STREET ADDRESS	9 Beth Stacey Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	Lehigh Acres, Fl.
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, MARIE K	5.2 NAME	Coates, Jeanne M.
STREET ADDRESS	205 EAGLESMERE DR	5.3 STREET ADDRESS	133 Brookside
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	Lehigh Acres, Fl.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Signature Required*

1-19-99

941-369-7747

CR2E037 (11/98)