

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 012 ****61.25

DOCUMENT # N48598

1. Entity 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

40010433



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0217732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOT, MARY G.
1109 WASHINGTON AVENUE
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name

Mary G. Root

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

518 Bethany Village Cr.

Lehigh Acres, FL 33936

City

FL

Zip Code

33936

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary G. Root Mary G. Root Director

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

(NOTE: Registered Agent signature required when reinstating)

2-07-2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROOT, MARY G	
STREET ADDRESS	518 BETHANY VILLAGE CR	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SMILEY, MARY C	
STREET ADDRESS	2243 CARNABY CR	
CITY - ST - ZIP	LEHIGH ACRES FL 33971	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, THOMAS L	
STREET ADDRESS	122 SEBRING CR.	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, MARY N	
STREET ADDRESS	208 LANYARD PL	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLAVIK, MARY L	
STREET ADDRESS	507 CLEVELAND AVE	
CITY - ST - ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary G. Root Mary G. Root

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-2005 239-369-7747

Date

Daytime Phone #