

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000737

FILED
Jan 17, 2006
Secretary of State

Entity Name: LEE TRUST FOR HISTORIC PRESERVATION, INC.

Current Principal Place of Business:

1326 MELALEUCA LANE
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1326 MELALEUCA LANE
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0391695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, WILLIAM H
1326 MELALEUCA LANE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRACE, WILLIAM H
Address: 1326 MELALEUCA LANE
City-St-Zip: FT. MYERS, FL

Title: SD () Delete
Name: SABISTON, GINA
Address: 2271 FIRST STREET #18
City-St-Zip: FORT MYERS, FL 33901

Title: PD () Delete
Name: DOTSCHER, MARSA
Address: 1803 ARDMORE RD
City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete
Name: SANFORD, ROBERT
Address: 1473 BARCELONA AVE
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. GRACE

T/D

01/17/2006

Electronic Signature of Signing Officer or Director

Date