

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000002068 (5)

1. Corporation Name

LEE COUNTY ASSOCIATION FOR THE GIFTED, INC.

Principal Place of Business

Mailing Address

1428 SE 19TH ST
CAPE CORAL FL 33990
US

1428 SE 19TH ST
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0416875

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRILL, MICHAEL H ESQ
1508 SE 17TH AVENUE
CAPE CORAL FL 33990

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 607.0402 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent or Registered Agent for the Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P / D
MENEDEZ, DOLORES
4117 SE SECOND AVE
CAPE CORAL FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

15 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S
BURNLEY, SUE ANN
8821 SUNNYSIDE DR
FT MYERS FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☒ Change ☐ Addition

S/D
LAURA MUSSER
1428 SE 19th Street
Cape Coral, FL 33990

16 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V / D
BOESCH, TERRY
5846 SW FIRST CT
CAPE CORAL FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

17 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

T / D
MUSSER, LAURA
1428 SE 19TH STREET
CAPE CORAL FL 33990

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

18 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

19 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 135.07(2)(b), 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 135, Florida Statutes, and that my name appears in Block 12 or Block 13 of change, or on an attachment with an address.

SIGNATURE:

Laura Musser

LAURA MUSSER

4/14/95

813-574-8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR