


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90223 047 ****61.25

DOCUMENT # N93000002854 1. Entity Name KLEIST HEALTH EDUCATION CENTER, INC.					
Principal Place of Business 10501 FGCU BLVD SOUTH COLLEGE OF HEALTH PROF FORT MYERS, FL 33965-6565 US			Mailing Address 10501 FGCU BLVD SOUTH COLLEGE OF HEALTH PROF FORT MYERS, FL 33965-6565 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0426978	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROKUSEK, CECILIA 10501 FGCU BLVD SOUTH FL GLF COAST UNIVERSITY COLLEGE FORT MYERS, FL 33965-6565				7. Name and Address of New Registered Agent Name Denise Heinemann Street Address (P.O. Box Number is Not Acceptable) 10501 FGCU Blvd. S. City Fort Myers FL Zip Code 33965-6565	
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 <u>Denise Heinemann</u> <i>Denise Heinemann</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAS, AMAL 15731 GLENISLE WAY FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Catti 8060 College Parkway Fort Myers, FL 33919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUIGON, JOHN 8301 GLENFINNAN CIRCLE FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debra Ogden 5775 Osceola Trail Naples, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GROSSMAN, DARLENE PO BOX 1608 FORT MYERS, FL 33902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elaine Wade 76 4th Street N. Naples, FL 34102-5917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FEWSTER, BARBARA 6643 JOANNA CIRCLE FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Warnecke 2055 Central Avenue Ft. Myers, FL 33901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PERSONETTE, STEVE PO BOX 370 MC 1650 FORT MYERS, FL 33902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jackie Speake 1445 Education Way Fort Charlotte, FL 33948		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHIMP, STEVE 11941 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathryn Kleist 10501 FGCU Blvd. S. Fort Myers, FL 33965-6565		
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: <u>Kathryn Kleist</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>239-590-7502</u> <small>Daytime Phone #</small>		