

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000003852 (1)**

1. Corporation Name

LEE GUARDIANSHIP SERVICES, INC.



Principal Place of Business: **10175 SIX MILE CYPRESS PARKWAY SUITE 4 FORT MYERS FL 33912**
Mailing Address: **10175 SIX MILE CYPRESS PARKWAY SUITE 4 FORT MYERS FL 33912**

3. Date Incorporated or Qualified: **08/25/1993**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0432968**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **OSTERHOUT, JULIE 10175 SIX MILE CYPRESS PARKWAY SUITE 4 FORT MYERS FL 33912**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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: *Julie Osterhout, Director 2-9-96* DATE: **2-9-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE: D	OSTERHOUT, JULIE <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: OSTERHOUT, JULIE		1.2 NAME:	
STREET ADDRESS: RT. 2, 134 POLLYWOG POINT		1.3 STREET ADDRESS:	
CITY-ST-ZIP: LABELLE FL 33935		1.4 CITY-ST-ZIP:	
TITLE: SD	CRISSEY, BETH A. <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CRISSEY, BETH A.		2.2 NAME:	
STREET ADDRESS: 13038 4TH STREET, SE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. MYERS FL		2.4 CITY-ST-ZIP:	
TITLE: TD	SCHROEDER, KATHLEEN <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SCHROEDER, KATHLEEN		3.2 NAME:	
STREET ADDRESS: 4440 ST. CLAIR AVENUE, W.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: N. FT. MYERS FL		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Julie Osterhout* Julie Osterhout, Director 2/9/96 (941) 939-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)