## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003852

Entity Name: LEE GUARDIANSHIP SERVICES, INC.

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3783 SEAGO LANE FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

3783 SEAGO LANE FORT MYERS, FL 33901

FEI Number: 65-0432968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSTERHOUT, JULIE MCKINNEY, LANCE M
3783 SEAGO LANE
5001 MYEDS EL 22001 LIS

FORT MYERS, FL 33901 US FORT MYERS, FL 33901 US

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: LANCE M. MCKINNEY 02/15/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 OSTERHOUT, JULIE
 Name:
 MCKINNEY, LANCE M

 Address:
 RT. 2, 134 POLLYWOG POINT
 Address:
 7481 BEAR HOLLOW CIR.

City-St-Zip: LABELLE, FL 33935 Address: 7481 BEAR HOLLOW CIR

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: MCKINNEY, LANCE Name: MCKINNEY, LANCE M

Address: 7481 BEAR HOLLOW CIR
City-St-Zip: FT MYERS, FL 33912

Address: 7481 BEAR HOLLOW CIR
City-St-Zip: FT MYERS, FL 33912

The state of the state

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PRATHER, BETH
 Name:

 Address:
 1227 WALDEN DR
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SWANK, BRITTON G
 Name:

 Address:
 711 SAWYER STREET
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 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: LANCE M. MCKINNEY PD 02/15/2007