

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005014

FILED  
Aug 31, 2006  
Secretary of State

**Entity Name:** THE LEE COUNTY BLACK HISTORY SOCIETY, INC.

**Current Principal Place of Business:**

1936 HENDERSON AVE.  
FT. MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 489  
FT. MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 65-0449973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MYERS, HARRIET  
2956 MARKET ST  
FORT MYERS, FL 33916 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: P ( ) Delete  
Name: MYERS, HARRIET  
Address: 2956 MARKET ST  
City-St-Zip: FORT MYERS, FL 33916

Title: T ( ) Delete  
Name: DENSON-ROGERS, NINA  
Address: 3740 EDISON AVE  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: HILL, VIVIAN  
Address: 1550 HIGH STREET  
City-St-Zip: FORT MYERS, FL

Title: S ( ) Delete  
Name: SIMMS, NANCY  
Address: 3130 ST CHARLES AVE  
City-St-Zip: FORT MYERS, FL

Title: D ( ) Delete  
Name: JOHNSON, JACOB  
Address: 2994 PRICE AVE  
City-St-Zip: FORT MYERS, FL

**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:

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: HARRIET MYERS

P

08/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date