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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000446 (4)**

1. Corporation Name

**FORT MYERS-LEE COUNTY LIBRARY ADVISORY BOARD, IN
C.**



Principal Place of Business

Mailing Address

**2050 LEE ST.
FT. MYERS FL 33901**

**2050 LEE ST.
FT. MYERS FL 33901-3933**

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0465460

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTLER, JAMES O.
~~SHREVE, LILLIAN S~~
2050 LEE ST.
FT. MYERS FL 33901**

81 Name **BUTLER, JAMES O.**
82 Street Address (P.O. Box Number is Not Acceptable)
2050 LEE STREET
83
84 City **FORT MYERS** **FL** 85 Zip Code **33901**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

6-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **SHREVE, LILLIAN S**
STREET ADDRESS **1376 SHADOW LANE**
CITY-ST-ZIP **FT. MYERS FL 33901**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **BUTLER, JAMES O**
STREET ADDRESS **P.O. BOX 1608 N/A**
CITY-ST-ZIP **FT. MYERS FL 33901**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **EDWARDS, SUZANNE**
STREET ADDRESS **6923 WHISKEY CREEK DR.**
CITY-ST-ZIP **FT. MYERS FL 33919**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **COOPER, LEO**
STREET ADDRESS **7083 CEDARHURST DR., SW**
CITY-ST-ZIP **FT. MYERS FL 33919**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **MULFORD, MARGARET**
STREET ADDRESS **1821 LLEWELLYN DR.**
CITY-ST-ZIP **FT. MYERS FL 33901**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)