

# 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 #** 1094000001448

1. Corporation Name

The Lehigh Foundation, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
March 23, 1994

3a. Date of Last Report

2. Principal Place of Business

21 305 Thompson Avenue

2a. Mailing Address

26 305 Thompson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lehigh Acres, FL

City & State

28 Lehigh Acres, FL

Zip

24 33936

Country

Zip

29 33936

Country

30

4. FEI Number

65-0484160

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

81 Name Ms. Myra L. Kessler

82 Street Address (P.O. Box Number is Not Acceptable)

305 Thompson Avenue

83

84 City

Lehigh Acres

FL

85 Zip Code

33936

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

*Myra-Lee Kessler* - agent -

(NOTE: Registered Agent signature required when reinstating)

May 28, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

*Myra-Lee Kessler* PRESIDENT

5/28/96

Date

(741) 369-1862

Daytime Phone

CR2E037 (12/95)