## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18 1998 8:00am Secretary of State

DOCUMENT # N940	100001448	3 (9)							
THE LEHIGH FOUNDATION, IN	C.								
Principal Place of Business	Mailing Addres	ss			A CONTINUE DE STALL ORDIN ONNI DONI DONI DENNI DENNI PRIN DIGIL CONTINUENT				
305 THOMPSON AVE. LEHIGH ACRES FL 33906		305 THOMPSON AVE. LEHIGH ACRES FL 33936			3. Date Incorporated or Qualified 03/23/1994				
					4. FEI Number Applied For Not Applied be Not Applied For				
2. Principal Place of Business	2a. Mailing Add				5. Certificate of Status Desired S8.75 Additional Fee Regulred				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<del></del>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	City & State				7. is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No				
Zip Country 25	<b>Z</b> ip <b>29</b>	-, <b>-, .</b>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name					
KESSLER, MYRA L 305 THOMPSON AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
LEHIGH ACRES FL 33936			83						
			84	City	FL 85 Zip Code				
<ol> <li>Pursuant to the provisions of Sections 617. office or registered agent, or both, in the S</li> </ol>	0502 and 617 1508, Flor late of Florida, Such cha	ida Statutes, the	above ed by	-named corp the corporal	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered				

agent. I ar	m familiar with, and accept the obligations	Section 617,0603, Flo	rida Statutes.	lion's obard of directors, the	eby accept the appointment	·	registered
SIGNATURE	mina Co	e Messe	Registered Agent eronature requir		/-15-98	, 	
12.	Signabute, there or feed tame of impostered agent acid the OFFICERS AND DIRE		13.		TO OFFICERS AND DIR	ECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	KESSLER, MYRA		1.2 NAME				
STREET ADDRESS	305 THOMPSON AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE	2 1 TITLE			Change	Addition
NAME	ANGLICKIS, RUTH		2.2 NAME				
STREET ADDRESS	643 GRAND VIEW DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LEHIGH FL 33936		2. 4 CITY - ST - ZIP				
TITLE	VO	DELETE	3.1 TITLE		. 🗖	Change	Addition
NAME	EASTWOOD, ROLAND		3.2 NAME				
STREET ADDRESS	1334 VESPER DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33901		3.4. CITY-ST-ZIP				
TOTLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		·		
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
01Ty 07 7(D			CACITY OF TID				

14. I 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 suppliemental 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:

SIGNATURE: