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FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001936 (3)**  
1. Corporation Name

**ELEVEN FORTY-NINE FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**1149 N TAMiami TrL  
N FT MYERS FL**

**1149 N TAMiami TrL  
N FT MYERS FL**

3. Date Incorporated or Qualified

**04/19/1994**

4. FEI Number

**65-0488153**

Applied For

Not Applicable

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

**33903**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGINN, MICHAEL R  
2021 HENDRY ST.  
SUITE 101  
FT MYERS FL 33902**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE  
NAME **HILYER, GEORGE W**  
STREET ADDRESS **1537 PINEY RD**  
CITY-ST-ZIP **FT MYERS FL 33903**

1.1 TITLE **DT Turk, Gary E.** ☐ Change ☒ Addition  
1.2 NAME **GARY E. TURK**  
1.3 STREET ADDRESS **1714 N.E. 6th St.**  
1.4 CITY-ST-ZIP **Cape Coral, FL. 33909**

TITLE **DP** ☒ DELETE  
NAME **KOHN, JANET**  
STREET ADDRESS **2424 EDWARDS DR #302**  
CITY-ST-ZIP **FT. MYERS FL 33901**

2.1 TITLE **DP** ☒ Change ☐ Addition  
2.2 NAME **Hilyer, George W.**  
2.3 STREET ADDRESS **1537 Piney RD.**  
2.4 CITY-ST-ZIP **FT Myers, FL. 33903**

TITLE **DT** ☒ DELETE  
NAME **LODAHL, SHIRLEY**  
STREET ADDRESS **2140 COTTAGE ST #102**  
CITY-ST-ZIP **FT. MYERS FL 33901**

3.1 TITLE **DV** ☒ Change ☐ Addition  
3.2 NAME **Lodahl, Shirley**  
3.3 STREET ADDRESS **2140 Cottage St. #102**  
3.4 CITY-ST-ZIP **Ft. Myers, FL. 33901**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

SIGNATURE:

*Gary E. Turk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/98**  
Date

**997-9297**  
Daytime Phone # 0079329

CR2E037 (10/97)