

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 033 ****70.00

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1. Corporation Name

ELEVEN FORTY-NINE FOUNDATION, INC.

Principal Place of Business

1149 N TAMiami TRL
N FT MYERS FL

Mailing Address

1149 N TAMiami TRL
N FT MYERS FL 33903
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/19/1994

4. FEI Number

65-0488153

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **DT** ☒ DELETE
NAME **TURK, GARY E**
STREET ADDRESS **1714 NE 6TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33909**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** **Sloans Griffin** ☒ Change ☐ Addition
1.2 NAME **18790 Gun Club Rd.**
1.3 STREET ADDRESS **Fort Myers, FL 33913**
1.4 CITY-ST-ZIP

2.1 TITLE **DV** **Charles J Frazzini** ☒ Change ☐ Addition
2.2 NAME **P.O. Box 3746**
2.3 STREET ADDRESS **N. Fort Myers, FL 33918**
2.4 CITY-ST-ZIP

3.1 TITLE **DS** **Joe C Coysne** ☒ Change ☐ Addition
3.2 NAME **1140 4th Way**
3.3 STREET ADDRESS **N. Fort Myers, FL 33903**
3.4 CITY-ST-ZIP

4.1 TITLE **DT** **Cliff Redmond** ☒ Change ☐ Addition
4.2 NAME **939 Hibiscus Lane**
4.3 STREET ADDRESS **N. Fort Myers, FL 33917**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 with all other like empowered.

SIGNATURE: *** [Signature] ***
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-99 941-731-3551

CR2E037 (11/98)