

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004929

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: MINORITY CONTRACTORS ASSOCIATION OF LEE COUNTY, INC.

**Current Principal Place of Business:**

2267 FRENCE ST  
FT MYERS, FL 33916 US

**New Principal Place of Business:**

2267 FRENCH ST  
FT MYERS, FL 33916 US

**Current Mailing Address:**

2267 FRENCT ST  
FT MYERS, FL 33916 US

**New Mailing Address:**

2267 FRENCH ST  
FT MYERS, FL 33916 US

FEI Number: 65-0678434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, HORACE  
2267 FRENCE ST  
FT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

SMITH, HORACE  
2267 FRENCH ST  
FT MYERS, FL 33916 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, JOE  
Address: 1713 SE 7TH ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: SMITH, HORACE  
Address: 2267 FRENCH STREET  
City-St-Zip: FT MYERS, FL 33916

Title: TD ( ) Delete  
Name: ADAMS, NEAL JR  
Address: 3103 ST. CHARLES STREET  
City-St-Zip: FORT MYERS, FL 33916

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL ADAMS JR.

DIR

04/30/2005

Electronic Signature of Signing Officer or Director

Date