

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004929

FILED
Apr 25, 2006
Secretary of State

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

Current Principal Place of Business:

2267 FRENCH ST
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

2267 FRENCH ST
FT MYERS, FL 33916 US

New Mailing Address:

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 FRENCH ST
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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: _____

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 Chapter 119, 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

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date