


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005052		
1. Entity Name PLANNED GIVING COUNCIL OF LEE COUNTY, INC.		
Principal Place of Business 6830 PORTOFIND CIR #1 FORT MYERS, FL 33919	Mailing Address P.O. BOX 07066 FORT MYERS, FL 33919	



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0526641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAISMAN, DONALD L 6830 PORTO FIND CIRCLE #1 FORT MYERS, FL 33919
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000885454
04/18/08-80014-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORY, JEFF 15010 SHELL POINT BLVD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAST, JULIA 8260 COLLEGE PKWAY STE 101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MARY 1500 SHELL POINT BLVD. FORT MYERS, FL 33918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELAND, DAVID 7811 UNIVERSITY POINTE DR. #100 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAISMAN, DONALD 6830 PORTO FIND CIRCLE #1 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REXFORD, INA P.O. BOX 07066 FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 (239) 939-3235
Date Daytime Phone #