2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2010
Secretary of State

DOCUMENT# N94000005052

Entity Name: PLANNED GIVING COUNCIL OF LEE COUNTY, INC.

Current Principal Place of Business:

4729 VINCENNES BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07066
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0526641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZSEBE, DYLAN
4632 VINCENNES BLVD
FORT MYERS, FL 33904 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: VP
Name: LEFFERTS, PETER C DR
Address: 10501 FGCU BLVD. S
City-St-Zip: FORT MYERS, FL US

Title: P
Name: EAST, JULIA
Address: 8260 COLLEGE PKWAY STE 101
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: CONNELL, DIANE E
Address: 3900 BROADWAY, SUITE B-1
City-St-Zip: FORT MYERS, FL 33901

Title: S
Name: SANGER, BETH T
Address: 4729 VINCENNES BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

Title: T
Name: ZSEBE, DYLAN
Address: 4632 VINCENNES BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: KNOX, ARLENE
Address: 8571 SUMNER AVE
City-St-Zip: FORT MYERS, FL 33908 US

I hereby 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 all other like empowered.

SIGNATURE: DYLAN R. ZSEBE T 02/24/2010

Electronic Signature of Signing Officer or Director Date