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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of States

DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

N95000002406 (5)

CONCERNED CITIZENS OF FORT MYERS BEACH, INC.

| Principal Place of Business Mailing Address | | | | | | | T 304/1161 BIB IDIBI BIJII BEIKI GERKI I | DIII BBIII BBIII | | . 64/10 (111 136) | |
|--|---|----------------------------|---------------------|-----------------------|--------------|--|---|------------------|----------------------|-----------------------------|--|
| P.O. BOX 5 FT. MYERS BEACH FL 33931 P.O. BOX 5 FT. MYERS BEACH FL 33931 | | | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 05/18/1995 | 3a. Date o | of Last F 1/27/19 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | ł | | | | 4. FEI Number | | | pplied For | |
| 26 | | | | | | | 65-0583037 | | | ot Applicable | |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | Fee Required | | | |
| City & State City & State 28 | | | | | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be | |
| Zip | Country | Zip | | | | | | | | to Fees | |
| 24 | 25 | 30 | 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | | | |
| | 9. Name and Address of Currer | nt Registered Agent | | | | | 10. Name and Address of New Reg | Istered Age | nt | | |
| | | | | 81 | Name | | | | | | |
| HARBY, TRUDY 158 IBIS ST. | | | | 82 | Street | Addres | s (P.O. Box Number is Not Acceptable | e) | | | |
| FT. MY | ER\$ BEACH FL 33931 | | | 83 | | | | | | | |
| | | | | 84 | City | | | FI 8 | 5 Zip | Code | |
| Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, office or registered agont, or both, in the State of Florida, Such change was auti | | | | | the con | corpor poration | ation submits this statement for the puls board of directors. I hereby accept | rpose of cha | anging it ment as | ts registered registered | |
| agent. I a SIGNATURE | im tamiliar with, and accept the oblig | ations of, Section 617.050 | utes | i | | , , | | | | | |
| | Signature typed or printed name of registered age | | (NOTE: Registered | d Age | nt signature | beriupor o | | DA1E. | | | |
| 12. | OFFICERS AN | D DIRECTORS DELET | 13. | 115 | | · · · · · · | ADDITIONS/CHANGES TO OFFIC | | | | |
| NAME | HARBY, GORDON | | | 1.1 TITLE 1.2 NAME | | | | | Change | Addition | |
| STREET ADDRESS | 156 IBIS ST. | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 3393 | i | | TY - S1 | | | 10.4 | , | | | |
| TITLE | D | DELET | | 2.1 TITLE | | けて | te reside | | Change | Addition | |
| NAME | CRAWFORD, WILLIAM | , | 2.2 N | | 2.2 NAME | | etty HOFFM | AN | | • | |
| STREET ADDRESS | 4805 ESTERO BLVD | | 2.3 \$1 | 2.3 STREET ADDRESS | | 3. | LEPheride etty Hoffm 29 madiso 1. myces BC | √_ | | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | | 2 4 C | | I - 7 P | FI | myERS BCL | F/ | <u>33</u> | 931 | |
| TITLE NAME | D DELETE | | | 3.1 TITLE 3.2 NAME | | | • | | Change | ■ Addition | |
| STREET ADDRESS | OLSEN, ROBERT 268 IBIS ST. | | | | | | | | | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 3393 | 1 | | | AODRESS | | | | | | |
| TITLE | The Michig Beach 12 3333 | tand DELET | 3.4. C E 4.1 113 | | 1-212 | | | | Change | Addition | |
| NAME | CAROLYN D | irh! | 4 2 N | | | | | | o lango | ZQ / Nacitibili | |
| STREET ADDRESS | 125 ANCHORAGE ST | | | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | Ft MyERS B | (h.F.1 339 | 73/ 4.4 Cr | TY-\$1 | 1 - ZIP | | | | | | |
| TITLE | D sece | XX VIDETI | 5.1 TIT | TLE | | | | | Change | Addition | |
| NAME | PATRICIA M | OC INTOS | 5.2 NA | MF | | | | | | | |
| STREET ADDRESS | 3045 ESTERO Ft MYERS BO | BIVO | 5.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | Ft MYERS BO | 1 41 33 | 3/ 5.4 CI | | - 21P | | | | | | |
| TITLE | • | ✓ ☐ DELETI | 6.1 TIT | TLE | | | | | Change | Addition | |

14. I do 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 factorize 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 trusted 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 attactment with an address.

6.3 STREET ADDRESS

CR2E037 (9/96)

FILED

Apr 29 1997 8:00am

Secretary of State

A CONTRACTOR DE COMO CONTRACTOR DE LA CO