

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90043 020 ****70.00

DOCUMENT # N95000005440

1. Corporation Name

THE FORT MYERS FENCING CLUB, CORPORATION

Principal Place of Business

Mailing Address

4210 FOWLER ST.
UNIT 9 & 10
FT MYERS FL 33901

4210 FOWLER ST.
UNIT 9 & 10
FT MYERS FL 33901



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

65-0647917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PRETTYMAN, MICHELLE
12960 EQUESTRIAN CIR.
#240T
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Michelle Prettyman

82 Street Address (P.O. Box Number is Not Acceptable)

9143 Caloosa Rd

83

84 City

FT Myers

FL

85 Zip Code
33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

9/4/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PRETTYMAN, MICHELLE
STREET ADDRESS 12690 EQUESTRIAN CIR. \$240T
CITY-ST-ZIP FT. MYERS FL 33907

TITLE VD ☒ DELETE

NAME PACE, MARGARET
STREET ADDRESS 5137 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD ☐ DELETE

NAME JOHNSON, CHARLES
STREET ADDRESS 4165 E. RIVER DR.
CITY-ST-ZIP FT MYERS FL 33901

TITLE T ☐ DELETE

NAME LEUNG, STEPHEN
STREET ADDRESS 1425 ALCAZAR AVE.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9143 Caloosa Rd
FT MYERS FL 33912

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD LYNN M. FIGUEROA
1617 SW 28 TERR.
CAPE CORAL, FL 33914

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]*

4/4/99 (941) 332-2617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037-14108