

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**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90041 020 \*\*\*\*70.00

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**DOCUMENT # N96000000688**

1. Corporation Name

**L.A. SOCIAL SERVICE CENTER, INC.**

Principal Place of Business

#9 BETH STACEY BLVD.  
SUITE 203  
LEHIGH ACRES FL 33936

Mailing Address

P.O. BOX 1301  
LEHIGH ACRES FL 33970



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

**02/05/1996**

4. FEI Number

**65-0643862**

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

**GOEHLE, LISA J**  
**502 EMPIRE AVE S**  
**LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

**John Dietz**  
**2420 Atlantic Circle**  
**Lehigh Acres, FL. 33936**

is its registered  
as registered

12. OFFICERS AND DIRECTORS

TITLE **D/BP** ☐ DELETE  
NAME **GARGANO, ROSEMARIE**  
STREET ADDRESS **1300 WOODWARD CT., APT. #61**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D/VP** ☐ DELETE  
NAME **MAST, CARL REV.**  
STREET ADDRESS **1300 WOODWARD CT., APT. #37**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D/S** ☐ DELETE  
NAME **O'BRIAN, CATHY**  
STREET ADDRESS **1140 LEE BLVD.**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D/T** ☐ DELETE  
NAME **HODDER, CAROLE**  
STREET ADDRESS **1300 WOODWARD CT., APT. #86**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **BM** ☐ DELETE  
NAME **DOWNS, LEE**  
STREET ADDRESS **2701 LEE BLVD.**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **BM** ☒ DELETE  
NAME **SASHER, RODNEY**  
STREET ADDRESS **2106 9TH ST.**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

13.

1.1 TITLE **BM**  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

**Gail Abby Smith**  
**2804 Beth Ave.**  
**Lehigh Acres, FL. 33971**

**Mrs. Glema Treer**  
**810 Gardenside Ct.**  
**Lehigh Acres, FL. 33936**

**Mr. Lee Downs**  
**2701 Lee Blvd.**  
**Lehigh Acres, FL. 33936**

**Vernon Smith**  
**1108 Rushmore Ave. South**  
**Lehigh Acres, FL. 33936**

**James Fry**  
**254 Ground Dove Circle**  
**Lehigh Acres, FL. 33936**

CTORS IN 12

☒ Addition

☐ Addition

☐ Addition

☐ Addition

☒ Addition

☒ Addition

ation  
an  
in

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-9-99 941369-6739**

CR2E037 (11/98)