

05171999-90012-045-\$61.25-\$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05-17-1999 90012 045 *****61.25 99 SEP 23 AM 10:00 570167-90004-21	
DOCUMENT # 1997000000190 1. Corporation Name JACOB'S LADDER of LEE COUNTY, INC.					
Principal Place of Business 1936 BEACH PARKWAY #211 CAPE CORAL, FLORIDA 33904		Mailing Address 1936 BEACH PARKWAY CAPE CORAL, FLORIDA 33904			
2. Principal Place of Business 21. 1936 BEACH PARKWAY Suite, Apt. #, etc. #211 City & State CAPE CORAL, FLORIDA Zip 33904		2a. Mailing Address 26. 1936 BEACH PARKWAY Suite, Apt. #, etc. #211 City & State CAPE CORAL, FLORIDA Zip 33904		3. Date incorporated or Qualified JANUARY 14, 1957 4. FEI Number 65-0946583	
23. CAPE CORAL, FLORIDA Country USA		29. CAPE CORAL, FLORIDA Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent					
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 Daniel Antle Daniel Antle April 26, 1999 (NOTE: Registered Agent signatures required when revoking)					
12. OFFICERS AND DIRECTORS					
1. TITLE SECRETARY 2. NAME LORE VAN WAGEN 3. STREET ADDRESS 18517 TULIP RD. SE. 4. CITY-ST-ZIP FORT MYERS, FLORIDA 33912		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME DANIEL ANTLE 1.3 STREET ADDRESS 1186 BEACH PARKWAY #211 1.4 CITY-ST-ZIP CAPE CORAL, FLORIDA 33904			
5. TITLE D 6. NAME REV. WALT MYCOFF 7. STREET ADDRESS 19870 3RD ST. N.W. 8. CITY-ST-ZIP FORT MYERS, FLORIDA 33917		2.1 TITLE SECRETARY 2.2 NAME CAROLE WHEELER-ANTLE 2.3 STREET ADDRESS 1936 BEACH PARKWAY #211 2.4 CITY-ST-ZIP CAPE CORAL, FL. 33904			
9. TITLE D 10. NAME REV. CRIGTON EVANS 11. STREET ADDRESS 14640 CLEVELAND AVE 12. CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917		3.1 TITLE D 3.2 NAME REV. CRIGTON EVANS 3.3 STREET ADDRESS 14640 CLEVELAND AVE 3.4 CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917			
13. TITLE D 14. NAME REV. CRIGTON EVANS 15. STREET ADDRESS 14640 CLEVELAND AVE 16. CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917		4.1 TITLE D 4.2 NAME REV. CRIGTON EVANS 4.3 STREET ADDRESS 14640 CLEVELAND AVE 4.4 CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917			
17. TITLE D 18. NAME REV. CRIGTON EVANS 19. STREET ADDRESS 14640 CLEVELAND AVE 20. CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917		5.1 TITLE D 5.2 NAME REV. CRIGTON EVANS 5.3 STREET ADDRESS 14640 CLEVELAND AVE 5.4 CITY-ST-ZIP MIAMI - FORT MYERS, FL. 33917			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 file empowered.

SIGNATURE: **Daniel Antle** **Daniel Antle** **April 26, 1999 (94) 594-4288**