

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002091 (3)**

1. Corporation Name

THE LEE/DOYLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~7306~~ **7316** COBIAC DR
ST JAMES CITY FL 33956

~~7306~~ **7316** COBIAC DR
ST JAMES CITY FL 33956

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

#65-0744718

Applied For

Not Applicable

2. Principal Place of Business

21 7316 COBIAC DR.

2a. Mailing Address

26 7316 COBIAC DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 OK

27 OK

City & State

City & State

23 OK

28 OK

Zip

Country

24 OK

25 USA.

Zip

Country

29 OK

30 USA.

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, HERBERT P JR

~~7306~~ **7316** COBIAC DR

ST JAMES CITY FL 33956

81 Name

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

83

84 City

FL

85 Zip Code

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

Herbert P. Lee Jr **HERBERT P. LEE JR EX. DIR.**

4/1/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PCD**
STREET ADDRESS **LEE, HERBERT P JR**
CITY-ST-ZIP **7306 COBIAC DR**
ST JAMES CITY FL 33956

*All
7316
COBIAC*

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **DOYLE, CATHERINE**
CITY-ST-ZIP **7306 COBIAC DR**
ST JAMES CITY FL 33956

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VCD**
STREET ADDRESS **VOGTLAND, H.D.**
CITY-ST-ZIP **7306 COBIAC DR**
ST JAMES CITY FL 33956

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **RITTER, DAVID**
CITY-ST-ZIP **7306 COBIAC DR**
ST JAMES CITY FL 33956

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **BURTCH, GORDON**
CITY-ST-ZIP **7306 COBIAC DR**
ST JAMES CITY FL 33956

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **LEE, MICHAEL**
CITY-ST-ZIP **7006 COBIAC DR**
ST JAMES CITY FL 33956

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Herbert P. Lee Jr **EX. DIR.**

4/1/98 94-283-7061

CR2E037 (10/97)