

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

00 FEB 10 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000102

1. Corporation Name

LEE COUNTY PULLING TOGETHER (LCPT), INC.

Principal Place of Business

C/O IRWIN W. BARKAN
1910 VIRGINIA AVENUE
FORT MYERS FL 33901

Mailing Address

C/O IRWIN W. BARKAN
1910 VIRGINIA AVENUE
FORT MYERS FL 33901



REINSTATEMENT

09-00

2. Principal Place of Business 2120 Main Street Suite, Apt. #, etc. Room 200 City & State Fort Myers FL Zip 33901		2a. Mailing Address P.O. Box 398 Suite, Apt. #, etc. City & State Fort Myers FL Zip 33902		3. Date Incorporated or Qualified 01/09/1998	
				4. FEI Number 65-0786997	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BARKAN, IRWIN W
1910 VIRGINIA AVENUE
APARTMENT 202-B
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Richard L. Roseberry
82 Street Address (P.O. Box Number is Not Acceptable) 5313 Bayshore Avenue
83 City Cape Coral
84 State FL
85 Zip 33904

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 Richard L. Roseberry Richard L. Roseberry, Executive Director 1/18/00

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 PD	DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKINNEY, CHARLES DR		1.2 NAME JACOBI, FRITZ	
STREET ADDRESS 17595 TAMiami TRAIL		1.3 STREET ADDRESS 2442 DR. MARTIN LUTHER KING, JR. BLVD	
CITY-ST-ZIP FORT MYERS FL 33908		1.4 CITY-ST-ZIP FORT MYERS, FL 33901	
TITLE VD	DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACOBI, FRITZ		2.2 NAME ANDERSON, AUDREA	
STREET ADDRESS 2442 DR. MARTIN LUTHER KING JR BLVD.		2.3 STREET ADDRESS 1766 MARTIN ROAD	
CITY-ST-ZIP FORT MYERS FL 33901		2.4 CITY-ST-ZIP FORT MYERS, FL 33901	
TITLE SD	DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUBBARD, JACQUELINE		3.2 NAME ESTLUND, ANN T.	
STREET ADDRESS POST OFFICE BOX 999		3.3 STREET ADDRESS 9850 CYPRESS LAKE DRIVE	
CITY-ST-ZIP FORT MYERS FL 33902		3.4 CITY-ST-ZIP FORT MYERS, FL 33919	
TITLE TD	DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNIGHT, SYBIL DR		4.2 NAME FLETCHER, ALEXANDER REV	
STREET ADDRESS 2055 CENTRAL AVENUE		4.3 STREET ADDRESS 2709 HIGHLAND AVENUE	
CITY-ST-ZIP FORT MYERS FL 33901		4.4 CITY-ST-ZIP FORT MYERS FL 33916	
TITLE D	DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBION, JOHN		5.2 NAME 4000003136544--4	
STREET ADDRESS POST OFFICE BOX 398		5.3 STREET ADDRESS -02/16/00--01005--020	
CITY-ST-ZIP FORT MYERS FL 33902		5.4 CITY-ST-ZIP ****245.00 ****245.00	
TITLE D	DELETE	6.1 TITLE M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NATHAN, JIM		6.2 NAME ROSEBERRY, RICHARD L.	
STREET ADDRESS 333 HIBISCUS DRIVE		6.3 STREET ADDRESS 5313 BAYSHORE AVENUE	
CITY-ST-ZIP FORT MYERS FL 33912		6.4 CITY-ST-ZIP CAPE CORAL, FL 33904	

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: Richard L. Roseberry Richard L. Roseberry 1/18/00 941 335-2981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

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