


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90328 032 \*\*\*\*70.00

<b>DOCUMENT # N99000007489</b> 1. Entity Name LEE COUNTY COALITION FOR THE HOMELESS, FLORIDA, INC.					
Principal Place of Business 10051 MCGREGOR BLVD. SUITE 107 FORT MYERS, FL 33971		Mailing Address 10051 MCGREGOR BLVD SUITE 107 FORT MYERS, FL 33971			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  QUIMBY, ROY 4303 FOURTH ST W LEHIGH ACRES, FL 33971				7. Name and Address of New Registered Agent Name <u>QUIMBY, ROY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4433 SAN LUKIAN LA</u> City <u>No. Fort Myers</u> <u>FL</u> Zip Code <u>33903</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Roy Quimby</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		DATE <u>4-16-04</u> <small>(NOTE: Registered Agent Signature required when reinstating.)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STREYLLELEN, LAURA PO BOX 60401 FT MYERS, FL 33906		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP H. RANDALL BIXLER 2516 GRAND AVE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FRICK, MARY JAN 2516 GRAND AVE FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LARA STREIFFELER PO BOX 60401 FT. MYERS, FL 33906	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JOHNSON, BEVERLY 4610 TICE ST FORT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS AMY ELLER 3000 BROADWAY STE B1 FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAUPT, TARA 2400 EDISON AVE FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PATRI RIGBY 2400 EDISON AVE FORT MYERS FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Roy Quimby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					