

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004770

**Entity Name:** FORT MYERS BEACH COMMUNITY FOUNDATION, INC.**Current Principal Place of Business:**220 PALERMO CIRCLE  
FT MYERS BEACH, FL 33931**Current Mailing Address:**220 PALERMO CIRCLE  
FT MYERS BEACH, FL 33931 US**FEI Number:** 20-8844354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORT MYERS BEACH COMMUNITY FOUNDATION INC  
220 PALERMO CIRCLE  
FT MYERS BEACH, FL 33931 US*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.***SIGNATURE:** NANCY G MULHOLLAND

03/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FITE, JULIE  
Address        220 PALERMO CIRCLE  
City-State-Zip: FT MYERS BEACH FL 33931

Title            TREASURER  
Name            COLEMAN, PATTI  
Address        6100 ESTERO BLVD #5F  
City-State-Zip: FT MYERS BEACH FL 33931

Title            VP  
Name            SMITH, KELLY  
Address        310 JEFFERSON COURT  
City-State-Zip: FT. MYERS BEACH FL 33931

Title            DIRECTOR  
Name            MCCLOSKEY, JANE  
Address        20 AVENIDA CARITA  
City-State-Zip: FT MYERS FL 33919

Title            DIRECTOR  
Name            FALKUM, JAN  
Address        4421 BAY BEACH LANE APT 611  
City-State-Zip: FT MYERS BEACH FL 33931

Title            DIRECTOR  
Name            KRAJEWSKI, SUSAN  
Address        208 CONNECTICUT ST.  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            SECRETARY  
Name            NUCCIO, ROBIN  
Address        575 BIRDSONG PLACE  
City-State-Zip: SANIBEL FL 33957

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATTI COLEMAN

TREASURER

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date