

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007434

Entity Name: LEMON BAY HIGH SCHOOL PROJECT GRADUATION, INC.

FILED
Apr 10, 2019
Secretary of State
2292147939CC

Current Principal Place of Business:

11077 JACQUELINE AVE
ENGLEWOOD, FL 34224-8184

Current Mailing Address:

POST OFFICE BOX 191
ENGLEWOOD, FL 34295

FEI Number: 26-3221697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENEDICT, ROBERT C
1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD, FL 34223-4949 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name AUMAN, BRUCE
Address 128 MARK TWAIN LN
City-State-Zip: ROTONDA WEST FL 33947

Title SECRETARY
Name HINCK, DAWN
Address 201 LAKE VICTORIA CT
City-State-Zip: ENGLEWOOD FL 34223

Title TREASURER
Name PORTER, GLENNIS R
Address 11077 JACQUELINE AVE
City-State-Zip: ENGLEWOOD FL 34224-8184

Title VP
Name HICKS, HOLLI
Address 12132 DIVERSEY AVE.
City-State-Zip: PT. CHARLOTTE FL 33981

Title DIRECTOR
Name HORNER, RICHELLE
Address 10202 BAY AVE
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name STEYER, KAY
Address 6796 GASPARILLA PINES BLVD
 UNIT 60
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name MACDONALD, CHRISTINE
Address 7415 QUARRY ST
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name STEYER, MELISSA
Address PO BOX 154
City-State-Zip: BOCA GRANDE FL 33921

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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: GLENNIS PORTER

TREASURER

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEINFELD, CINDY
Address 189 ROTONDA BLVD. E
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR
Name CAPELES, JOAN
Address 13465 JERONIMO LANE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name CAPELES, TEDDY
Address 13465 JERONIMO LANE
City-State-Zip: PORT CHARLOTTE FL 33981