

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12612

Entity Name: THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.**Current Principal Place of Business:**2266 SECOND STREET
FT. MYERS, FL 33901**Current Mailing Address:**P.O. BOX 1608
FT. MYERS, FL 33902**FEI Number: 59-2637849****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOWER, MARSHALL TESQ
2266 SECOND STREET
2ND FLOOR
FORT MYERS, FL 33901 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	C
Name	ROEPSTORFF, ROBBIE
Address	EDISON NATIONAL BANK-13000 S. CLEVELAND AV
City-State-Zip:	FORT MYERS FL 33907

Title	S
Name	PRESANZANO, KIMBERLY
Address	2820 CARGO STREET
City-State-Zip:	FORT MYERS FL 33916

Title	IPC
Name	O'DONNELL, KENNETH
Address	4650 VIA RAVENNA
City-State-Zip:	BONITA SPRINGS FL 34134

Title	T
Name	PONTIUS, STEVEN
Address	WATERMAN BROADCASTING, PO BOX 7578
City-State-Zip:	FORT MYERS FL 33911

Title	PED
Name	BOWER, MARSHALL T
Address	2266 SECOND STREET
City-State-Zip:	FORT MYERS FL 33901

Title	VC
Name	CECIL, JON
Address	LEE MEMORIAL HEALTH SYS.,636 DELPRADO BLVD
City-State-Zip:	CAPE CORAL FL 33990

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: MARSHALL T. BOWER**PRESIDENT & CEO****01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date