

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010110

**Entity Name:** LEE COUNTY BAR ASSOCIATION FOUNDATION, INC.

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC7288424123**

**Current Principal Place of Business:**

2077 FIRST STREET  
UNIT 207  
FORT MYERS, FL 33901

**Current Mailing Address:**

2077 FIRST STREET  
UNIT 207  
FORT MYERS, FL 33901 US

**FEI Number: 81-5029751**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEE COUNTY BAR ASSOCIATION, INC.  
2077 FIRST STREET  
UNIT 207  
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 D, PRESIDENT  
Name GRADY, BEVERLY  
Address 2320 FIRST STREET SUITE 1000  
City-State-Zip: FORT MYERS FL 33901

Title D, SECRETARY  
Name RANDOLPH, MICHAEL  
Address 1404 DEAN STREET SUITE 300  
City-State-Zip: FORT MYERS FL 33901

Title D, TREASURER  
Name WEBB, JOHN  
Address 2261 MAIN STREET  
City-State-Zip: FORT MYERS FL 33901

Title D  
Name LOSON, KRISTALYN  
Address 2200 SECOND STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name ATWOOD, SCOTT  
Address 2248 FIRST STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name PUOPOLO, SHANNON  
Address 1715 MONROE STREET  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name HALL, CEDRIC  
Address 2069 FIRST STREET  
SUITE 204  
City-State-Zip: FORT MYERS FL 33901

*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: KRISTALYN LOSON**

**DIRECTOR**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date