

# **EVENT PERMIT**



Ordinance 17-08

## Rock, Blues and Brews

PERMIT NUMBER: TMP2023-00208

Date(s) of Event: February 18, 2023

**Property Owner:** 

LEE COUNTY

Applicant:

JOHN GRAHAM

239-560-1842

Description:

Free Community Event - 4 live bands, food trucks, beer and wine on February 18,

2023 from 2:00PM until 11:00PM at the Veterans Community Center

Location of event: 55 HOMESTEAD RD S, LEHIGH ACRES, FL 33936

**Veterans Community Center** 

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

Sold and Consumed

Will a bond be posted for this event?

No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

**Board of County Commissioners** Lee County, Flørida

County Manager

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Bock, Blues and Brews



### **Event Application**

# Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	ROCK, BLUES AND BREWS
Date(s) of Event / Production:	FEBRUARY 18, 2023
Location(s) of Event:	VETERANS COMMUNITY PARK 55 HOMESTEAD RD LEHIGH ACRES, FL 33936
Name of Applicant:	LEHIGH ROTARY FOUNDATION INC.
Applicant Address:	PO BOX 308 LEHIGH ACRES, FL 33970
Applicant Phone Number:	239-560-1842
Contact Person: (If different from applicant)	JOHN GRAHAM
Contact Phone Number: (If different from applicant)	239-560-1842
Email Address:	JOHNG0512@HOTMAIL.COM
Estimated Attendance:	500 - 600
Event Description: Include each activity, when activities take place, etc.	FREE COMMUNITY EVENT . 4 LIVE BANDS FROM 2PM TILL 11PM. FOOD PROVIDED BY APPROVED FOOD TRUCKS. BEER AND WINE FROM 2 PM TILL 10 PM, SODA AND WATER THE ENTIRE EVENT.
Hours of Operation:	2:00 PM - 11:00 PM
	05-45-27.00-00004.0000
Owner of Premises*:	LEE COUNTY

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.

 $p_{m_N}$ 





	on (choose all tha	t app	ny):						
TV Movie or	Special	Г	TV Series / Pilot	Γ_	TV Comme	rcial		Still Photos	
Public Service	e Announcement	Γ	Industrial / Documentary	Γ	Other:				······································
II any of the fo	ollowing be neede	d or	included*?						
. St	reet Closure				┌ Yes	Г	No		
Tr	affic / Crowd Con	trol			Yes	Г	No		
Fir	re or Burning				┌ Yes	Г	No		
Ex	plosives or Pyrote	echni	cs		┌─ Yes	Γ_	No		
At	nimals, Large or Si	nall			┌ Yes	Г	No		
Ca	onstruction of Any	/ Kind	k		┌ Yes	Γ	No		
La	arge and/or Nume	rous	Vehicles		┌ Yes	Γ	No		
Н	elicopters, Boats,	etc.			Yes	Γ_	No		
St	unts				厂 Yes	Γ	No		
O <sup>c</sup>	ther				Yes	Γ	No		
Special Parkin	g Requirements:								
		d: (P	ersonnel, equipment, facili	ities, e	tc.)				
City or County  The following the industry. I	y Services Require information is red If exact figures are	quire	ersonnel, equipment, facili d for local and state record available, please estimate Number in Crew:	ls on p	roduction in sely as possib	ole.		rack the econom	nic impa
City or County The following the industry. I	y Services Require information is red If exact figures are	quire	d for local and state record available, please estimate Number in Crew:	ds on p as clos	roduction in sely as possib	ole.			nic impa
City or County  The following the industry. I	y Services Require information is red If exact figures are	quire	d for local and state record available, please estimate	ds on p as clos	roduction in sely as possib	ole.			nic impa



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### **SECTION III - INDEMNIFICATION**

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



#### **SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the

County property in question or in the permit itself. The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge. R JOHN GRAHAM **EDWARD CLARK** Print Name of Applicant and Title Print Name of Witness 12/26/22

Date

Date



#### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropri	nte box(es) belo	ow:	
┌─ SPECIAL EV	ENT PERMIT		
√ USE OF CO	UNTY PROPERTY I	PERMIT	
F PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERM	IT		
	· · · · · · · · · · · · · · · · · · ·	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Parking in auth	norized areas only.	
Deputies (How Many?):	2 deputies for	security and presence	
Fee for Services:	Contact LCSO	Details Unit	
Special Arrangements:	All amplified s volunteers will	erages must remain within the confines of the e ound must adhere to the Lee County Noise Or be responsible for checking ID's to ensure all I are of legal age.	dinance. Staff &
	Print Name: Signature:	DONNET PETRACES.	
	Title:	Tactical Support Unit	
	Date:	7-4-23	



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

- **SPECIAL EVENT PERMIT**
- □ USE OF COUNTY PROPERTY PERMIT

Title:

Date:

Fire inspector

01/11/2023

- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

• 1	
Fire Guards (How Many?)	Provide a minimum of one crowd manager per every 250 persons. Application notes 500-600 persons.  Minimum of 3 crowd managers required based on estimated attendance. Staff shall be provided with communication to activate the 911 system in the event of an emergency.  Crowd managers must be certified and provide copy of certificate to the fire district
Fee for Services:	Inspection fee- \$250.00 - Review and Event Fire inspection \$50.00 - Per mobile food vendor/Concession
Flammable Vegetation:	Not Permitted
First Aid Equipment:	See EMS page of Application for requirements - where less Country Eins provides no comments, Country Managers or others required to provide first and when needed and by vegoust first district response via 911.
Fire Extinguishing:	Mobile/Concessions food vendors shall be compliant with NFPA-96 and Florida Fire Prevention Code 1-50.7 One Class "K" extinguisher is required for each vendor with grease (liquid) fryers of at least 2 inches.  Each concession/food vendor shall have a minimum of one current certified 2A:10BC fire extinguisher
Special Arrangements:	<ul> <li>(1) Emergency access must be maintained at all times into park, parking lots and onto grounds for emergency vehicles to access the food truck area and attendees for emergencies.</li> <li>(2) Mobile food vendors must have current completed fire inspection by Lehigh Acres Fire Control and Recuse District prior to event. Those without or fail on site inspection will not be able to operate during event.</li> </ul>
	Print Name: Fred Cooley Signature: In Can



Control of Resone 2000 Main St., Suite #100
FORT MYERS, FL 33901

Rock, Blues, + Brews

Check the appropriate box(es) below:

▼ SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES **FILM PERMIT** 

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	N/A
Medical Personnel:	Events that exceed 100 persons, an ALS authorage will be required on site for the duration of the event. Events smaller than 1000 persons will whitee 911 for EMS response.  Provide First Aid on-site. EMS/Fire units ansite for event, can utilize staff of eguipment to fulfill this requirement.
Medical Supplies / Equipment:	Provide First Aval on-site. EMS/Fire units ansite for event, can utilize staff of eguipment to fulfill this requirement.
Safety Requirements:	
Fee for Services	
Special Arrangements:	
	Print Name: Anthony 1 Rocco  Signature: Athy I Rocco  Title: Division Chief Operations + Training  Date: 1/25/23

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#### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropri	iate box(es) be	low:
SPECIAL EV	VENT PERMIT	
区 USE OF CO	OUNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	ЛIT	
•		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Any Illumination n	eeds will be provided by the event organizer
Parking Areas:		ate parking areas with the site supervisor. Event organizer will provide adequate and traffic control devices and must ensure all emergency access and egress are by vehicles.
	J	
Special Arrangements:	All alcohol sales ar	ust provide a dumpster for garbage from event. nd consumption must to segregated to a designated area. No parking fees will be as may be accepted.
	Participants and spalerts or threatening	pectators must disperse and leave the park area to seek safe shelter during lightning ang weather.
	Work with site sup	ervisor for event needs.
	Print Name:	Colleen VIa
	Signature:	Collen Via
	Title:	Operations Manager
	Date:	12/29/2022
Latin Down Ol	0	

Page |10



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	e box(es) bel	ow:					
SPECIAL EVE	NT PERMIT						
USE OF COU	NTY PROPERTY PERMIT						
PERMIT TO S	ELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
FILM PERMIT	Γ						
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.					
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.					
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.					
Special Arrangements:	political subdivis the certificate ho subrogation with	isurance shall be submitted as evidence of the required coverage listing Lee County, a ion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as lder and as an automatic additional insureds and includes an automatic waiver of a regard to general liability. The certificate holder is an additional insured on a primary tory basis with regards to general liability.  of insurance.					
	Print Name: Signature:	Mike Figueroa  Mike Jigiu —					
	Title:	Risk Program Manager					
	Date:	January 27, 2023					



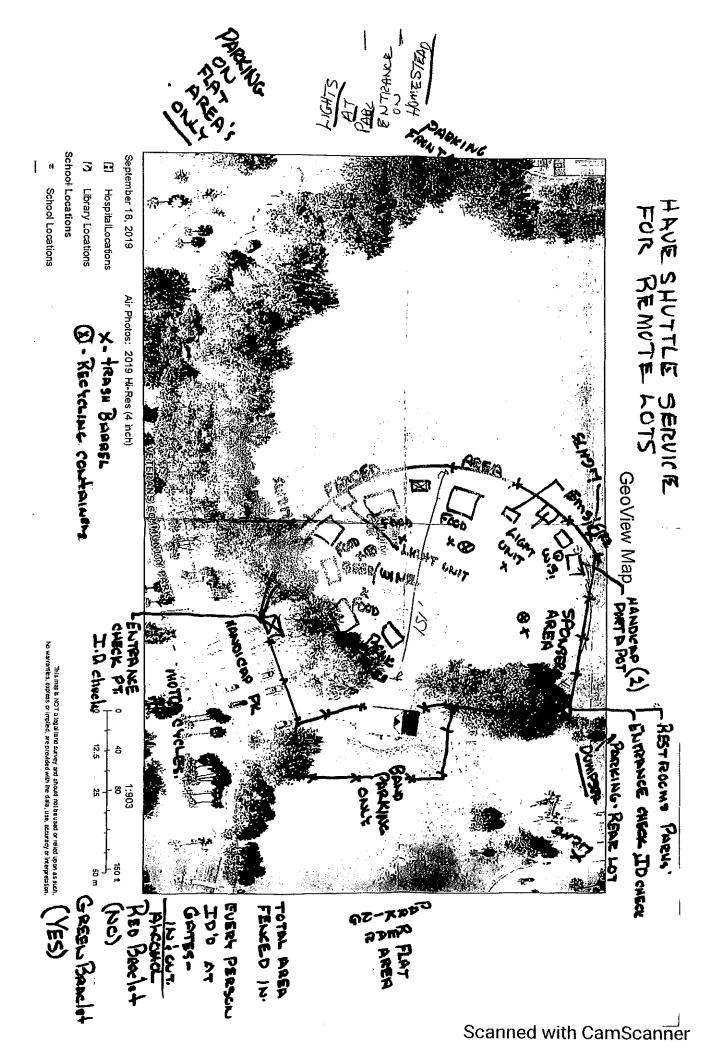
#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							juire an endorsement. <i>I</i>	\ state	ment on
PRO	DUCER		***		CONTA NAME:					
Arthur J. Gallagher Risk Management Services, Inc.				PHONE (A/C, No, Ext): 1-833-3ROTARY (A/C, No): 630-285-4062						
2850 Golf Road Rolling Meadows (L. 60008					E-MAIL ADDRESS: rotary@ajg.com					
Coming Meadows (C 00000								DING COVERAGE		NAIC#
					INSURE			And the state of t	npany	10172
INSURED					INSURER A: Westchester Surplus Lines Insurance Company 10172 INSURER B:					
All Active US Rotary Clubs & Districts ROTARY CLUB OF LEHIGH INC.					INSURE	RC:				
						INSURER D :				
	ATTN: Risk Management De 1560 Sherman Ave.	ept.			INSURER E :					
	Evanston, IL 60201-3698				INSURE	RF:				
CO	/ERAGES CER	TIFIC	CATE	NUMBER: 899307648				REVISION NUMBER:		
TI	IIS IS TO CERTIFY THAT THE POLICIES	OF I	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POL	ICY PERIOD
IV.	DICATED. NOTWITHSTANDING ANY RE	:QUII PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBE	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO V	WHICH THIS THE TERMS.
	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.		, ,,,,,,	The Tarano,
NSR LTR	TYPE OF INSURANCE	IADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
Α	X COMMERCIAL GENERAL LIABILITY			G73578917 001		7/1/2022	7/1/2023	EACH OCCURRENCE	\$2,000,	,000
	CLAIMS:MADE X OCCUR	Y						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,00	00
								MED EXP (Any one person)	\$	1742-0
	X Liquor Liability Included	1						PERSONAL & ADV INJURY	\$2,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$4,000,	,000
	X POLICY PRO- JECT LOC		1					PRODUCTS - COMP/OP AGG	\$4,000,	,000
	OTHER:								\$	, ,,,,,,
Α	AUTOMOBILE LIABILITY			G73578917 001		7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED X AUTOS ONLY	-		-				PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LJAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFIGER/MEMBER EXCLUDED?	N/A		NOT APPLICABLE				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	1000						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	•									
			<u> </u>							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Schede	ule, may l	be attached If mo	re space is requi	red)		
T	ne Certificate Holder is included as	an a	dditio	onal insured where requ	ired by	written con	tract or perr	nit subject to the terms	and c	onditions of
th	e general liability policy, but only to	the	exte	nt bodily injury or proper	ty dan	nage is caus	ed in whole	or in part by the acts o	r omiss	sions of the
in	sured.									
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CE	RTIFICATE HOLDER				CAN	CELLATION				
	TOURSE & M.S.						will 1	<b>MARKET L</b>		
	LEE COUNTY BOCC							ESCRIBED POLICIES BE C EREOF, NOTICE WILL I		
	PO BOX 39β							CY PROVISIONS.		III
	FORT MYERS, FL 33902									
						AUTHORIZED REPRESENTATIVE				
	ROCK, BLUES & BREWS EVEN				Cyritha L. Sa Martin					
VETERANS COMMUNITY PARK, LEHIGH ACRES FL									<u> </u>	



# 2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002488

Entity Name: ROTARY CLUB OF LEHIGH, INC.

**Current Principal Place of Business:** 

1400 HOMESTEAD ROAD N LEHIGH ACRES, FL 33936-4855

**Current Mailing Address:** 

**PO BOX 803** 

LEHIGH ACRES, FL 33970-0803 US

FEI Number: 59-1578293 Name and Address of Current Registered Agent:

ELLIOTT, FRED 1400 HOMESTEAD ROAD N LEHIGH ACRES, FL 33936-4855 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. 01/05/2023

SIGNATURE: FRED ELLIOTT

Electronic Signature of Registered Agent

Date

Certificate of Status Desired: No

**FILED** Jan 05, 2023

Secretary of State

4951308277CR

Officer/Director Detail:

Title

ELLIOT, FRED

Name Address

PO BOX 803

City-State-Zip:

LEHIGH ACRES FL 33970-0803

Title Name

Title

Name

Address

Address

DIRECTOR SHUMAN, DEBRA

PO BOX 803

DIRECTOR

City-State-Zip:

LEHIGH ACRES FL 33970-0803

Title

DIRECTOR

Name

GRAHAM, JOHN

Address

**PO BOX 803** 

City-State-Zip:

LEHIGH ACRES FL 33970-0803

Title

DIRECTOR

Name

AVEY, FRANK DR.

Address

**PO BOX 803** 

City-State-Zip:

LEHIGH ACRES FL 33970-0803

Tille

**PRESIDENT** 

Name

CLARK, ED

Address

P O BOX 803

City-State-Zip:

LEHIGH ACRES FL 33970

City-State-Zip:

**PO BOX 803** 

GOODLAD, JOHN

LEHIGH ACRES FL 33970-0803

Title

SECRETARY

Name

HART, EARL

Address

P O BOX 803

City-State-Zip:

LEHIGH ACRES FL 33970

Title

PAST PRESIDENT

Name

RICHARD, KEVIN

Address

PO BOX 803

City-State-Zip: LEHIGH ACRES FL 33970-0803

Continues on page 2

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: FRED ELLIOTT

REGISTERED AGENT

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title

DIRECTOR

Name

BROWN, CALVIN

Address

PO BOX 803

City-State-Zip: LEHIGH ACRES FL 33970-0803

Title

**TREASURER** 

Name

JERRIEY, LAURIE

Address

PO BOX 803

City-State-Zip: LEHIGH ACRES FL 33970-0803