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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711471 (3)
 1. Corporation Name
CHARLOTTE COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business 326 W MARION AVE SUITE 112 PUNTA GORDA FL 33950-4417	Mailing Address 326 W MARION AVE SUITE 112 PUNTA GORDA FL 33950-4417
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3. Date Incorporated or Qualified 09/12/1966	Applied For Not Applicable
4. FEI Number 59-1149738	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MATHIS, JULIE C.
326 W. MARION AVE., SUITE 112
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Julie C. Mathis* **Julie C. Mathis, Executive Director** DATE

12. OFFICERS AND DIRECTORS

TITLE MS	<input type="checkbox"/> DELETE
NAME MATHIS, JULIE C.	
STREET ADDRESS 326 W MARION AVE. SUITE 112	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE PPD	<input checked="" type="checkbox"/> DELETE
NAME BERNTSSON, ROB	
STREET ADDRESS 18401 MURDOCK CIR	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME REYNOLDS, JEFFEREY	
STREET ADDRESS 21175 OCEAN BLVD	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME WILLIAMS, BETTY	
STREET ADDRESS 4500 MARINA DR	
CITY-ST-ZIP PORT CHARLOTTE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WENZEL, ROBERT F	
STREET ADDRESS 9400 PIPER RD	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME LLEWELLYN, RICHARD	
STREET ADDRESS 1901 TAMM TRAIL	
CITY-ST-ZIP PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD
2.2 NAME	Wishard, Bill
2.3 STREET ADDRESS	272 E Virginia Ave.
2.4 CITY-ST-ZIP	Punta Gorda, FL 33950
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD
3.2 NAME	Brown, Charles
3.3 STREET ADDRESS	1100 Tamiami Trail
3.4 CITY-ST-ZIP	Port Charlotte, FL 33953
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
4.2 NAME	Williams, Betty
4.3 STREET ADDRESS	4500 Marina Dr
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD
5.2 NAME	Holmes, David
5.3 STREET ADDRESS	2315 Aaron St.
5.4 CITY-ST-ZIP	Port Charlotte, FL 33952
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julie C. Mathis* **Julie C. Mathis, Exec. Dir.** Date **941-639-2222**

CP2E037 (10/97)

paid 4/10/98 #5968 \$61.25