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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 711471

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/12/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-1149738

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, Executive Director

4/8/1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MS  DELETE  
 NAME MATHIS, JULIE C.  
 STREET ADDRESS 326 W MARION AVE. SUITE 112  
 CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME WISHARD, BILL  
 STREET ADDRESS 272 E VIRGINIA AVE  
 CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE PD  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME BROWN, CHARLES  
 STREET ADDRESS 1100 TAMiami TRl  
 CITY-ST-ZIP PORT CHARLOTTE FL 33953

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME WILLIAMS, BETTY  
 STREET ADDRESS 4500 MARINA DR  
 CITY-ST-ZIP PORT CHARLOTTE FL

4.1 TITLE PPD  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME HOLMES, DAVID  
 STREET ADDRESS 2315 AARON ST  
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME LLEWELLYN, RICHARD  
 STREET ADDRESS 1901 TAMIAM TRAIL  
 CITY-ST-ZIP PORT CHARLOTTE FL

6.1 TITLE  Change  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)(i), 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, with all other like empowered.

paid 4/9/99 # 0809 \$61.25

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mathis, Executive Director

4/8/1999

Date

Daytime Phone #

CR2E037-(1/198)