
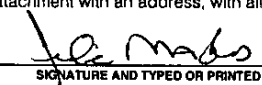


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90551 020 ****61.25

DOCUMENT # 711471					
1. Entity Name CHARLOTTE COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 326 W MARION AVE SUITE 112 PUNTA GORDA, FL 33950-4417			Mailing Address 2702 TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1149738	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATHIS, JULIE C. 326 W. MARION AVE., SUITE 112 PUNTA GORDA, FL 33950				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	MS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHIS, JULIE C.		NAME		
STREET ADDRESS	326 W MARION AVE. SUITE 112		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	PED	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZE, MARYANN		NAME		
STREET ADDRESS	1100 TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHARD, KRISTINE		NAME		
STREET ADDRESS	23081 HARBORVIEW ROAD, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRYBURGH, BILL		NAME		
STREET ADDRESS	101 TAYLOR ST.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	PPD	<input checked="" type="checkbox"/> Delete	TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, DAVID		NAME	Russell, W. Kevin	
STREET ADDRESS	99 NESBIT ST.		STREET ADDRESS	18501 Murdock Cir., #600	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHLEY, DONALD		NAME		
STREET ADDRESS	366 E OLYMPIA AVE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Julie C. Mathis Executive Director		941-627-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

