

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711696** (5)
1. Corporation Name
THE CANADIAN CLUB OF CHARLOTTE COUNTY, FLORIDA, INC.



Principal Place of Business: **1126 LODI AVE. N.W. PT CHARLOTTE FL 33948**
Mailing Address: **1126 LODI AVE. N.W. PT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified: **10/26/1966**
3a. Date of Last Report: **04/20/1995**

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	26	2a. Mailing Address	27	Suite, Apt. #, etc.	4.	FEI Number	Applied For	Not Applicable
23	City & State	28	City & State	29	Zip	30	Country	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	25	Country	29	Zip	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
								8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALMER, SIMONE 1126 LODI AVE PT CHARLOTTE FL 33948				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	WALTERS, HAZEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLSOP, GILBERT	1.2 NAME	19505 QUESADA AV.
STREET ADDRESS	19505 QUESADA AVE	1.3 STREET ADDRESS	PORT CHARLOTTE FL.
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	33948
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S. WALTERS, JUNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JUNE	2.2 NAME	19505 QUESADA AV.
STREET ADDRESS	19505 QUESADA, BOX 3913	2.3 STREET ADDRESS	PORT CHARLOTTE FL 33948
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	PALMER Simone <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, SIMONE	3.2 NAME	1126 LODI AV.
STREET ADDRESS	1126 LODI AVE.	3.3 STREET ADDRESS	PORT CHARLOTTE FL 33948.
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	P. ALLSOP GILBERT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ALFRED	4.2 NAME	19505 QUESADA AV.
STREET ADDRESS	1126 LODI AVE	4.3 STREET ADDRESS	PORT CHARLOTTE FL. 33948
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P. ALFRED PALMER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDRING, HERBERT	5.2 NAME	1126 LODI AV.
STREET ADDRESS	1338 YORKSHIRE ST.	5.3 STREET ADDRESS	PORT CHARLOTTE
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	FL. 33948
TITLE	DD <input type="checkbox"/> DELETE	6.1 TITLE	P. ALBRIGHT AL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, AL	6.2 NAME	5997 HOBHILL ST.
STREET ADDRESS	5997 HOBHILL ST	6.3 STREET ADDRESS	NORTH PORT FL. 34289
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PALMER SIMONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: March 15, 1996
Daytime Phone: 941-629-5506

CR2E037 (12/95)