

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
1126 LODI AVE. N.W. PT CHARLOTTE FL 33948  
1126 LODI AVE. N.W. PT CHARLOTTE FL 33948

2. Principal Place of Business 2a. Mailing Address  
21 19505 Quesada Ave 28 19505 Quesada Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Box 3913 27 Box 3913  
City & State City & State  
23 Pt. Charlotte, FL - 28 Pt. Charlotte, FL  
Zip Country Zip Country  
24 33948 25 USA 29 33948 30 USA

3. Date Incorporated or Qualified  
10/26/1966

4. FEI Number Applied For  
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
PALMER, SIMONE  
1126 LODI AVE  
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent  
81 Name Hazen Walters  
82 Street Address (P.O. Box Number Is Not Acceptable) 19505 Quesada Ave. #3913  
83  
84 City Port Charlotte FL 85 Zip Code 33948

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 *Hazen Walters* Hazen Walters President Mar. 23, 1998  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WALTERS, HAZEN	
STREET ADDRESS	19505 QUESADA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTERS, JUNE	
STREET ADDRESS	19505 QUESADA, BOX 3913	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, SIMONE	
STREET ADDRESS	1126 LODI AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, ALFRED	
STREET ADDRESS	1126 LODI AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAY, AL	
STREET ADDRESS	7602 SILAGE CIR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, AL	
STREET ADDRESS	5997 HOBHILL ST	
CITY-ST-ZIP	NORTH PORT 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walters, June
2.3 STREET ADDRESS	19505 Quesada Ave. #3913
2.4 CITY-ST-ZIP	Port Charlotte, FL 33948
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Everett, Gerry
3.3 STREET ADDRESS	18187 Robinson Ave.
3.4 CITY-ST-ZIP	Port Charlotte, FL 33948
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beacock, Ken
4.3 STREET ADDRESS	13374 Bronze Ave.
4.4 CITY-ST-ZIP	Port Charlotte, FL 33981
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(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, changed, or on an attachment with an address.

SIGNATURE *Hazen Walters* Hazen Walters Pres Mar 23 1998 944-624-2073

CR2E037 (10/97)