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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 711696

1. Corporation Name

THE CANADIAN CLUB OF CHARLOTTE COUNTY, FLORIDA, INC.

Principal Place of Business

19505 QUESADA AVE
BOX 3913
PT CHARLOTTE FL 33948
US

Mailing Address

19505 QUESADA AVE
BOX 3913
PT CHARLOTTE FL 33948
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/26/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, HAZEN
19505 QUESADA AVE
#3913
PT CHARLOTTE FL 33948

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

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 DELETE

P
NAME WALTERS, HAZEN
STREET ADDRESS 19505 QUESADA AVE.
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE Change Addition

TITLE DELETE

S
NAME WALTERS, JUNE
STREET ADDRESS 19505 QUESADA, BOX 3913
CITY-ST-ZIP PT CHARLOTTE FL 33948

2.1 TITLE Change Addition

TITLE DELETE

T
NAME EVERETT, GERRY
STREET ADDRESS 18187 ROBINSON AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

3.1 TITLE Change Addition

TITLE DELETE

D
NAME BEACOCK, KEN
STREET ADDRESS 13374 BRONZE AVE
CITY-ST-ZIP PT CHARLOTTE FL 33981

4.1 TITLE Change Addition

TITLE DELETE

VP
NAME GRAY, AL
STREET ADDRESS 7602 SILAGE CIR.
CITY-ST-ZIP PORT CHARLOTTE FL

5.1 TITLE Change Addition

TITLE DELETE

DD
NAME ALBRIGHT, AL
STREET ADDRESS 5997 HOBHILL ST
CITY-ST-ZIP NORTH PORT FL

6.1 TITLE Change Addition

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.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 12, 1999

Daytime Phone # 941-624-2073

CR2E037 (1/98)