


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 033 ****70.00

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1. Entity Name
 21ST CENTURY CHALLENGE OF CHARLOTTE COUNTY, INC.



Principal Place of Business
 225 W. VIRGINIA AVE.
 PUNTA GORDA, FL 33950

Mailing Address
 225 W. VIRGINIA AVE.
 PUNTA GORDA, FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04012004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-1001551

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOCH, REXFORD R CPA
 225 W. VIRGINIA AVE.
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, REXFORD R CPA	NAME	
STREET ADDRESS	225 W. VIRGINIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLICHTER, ROBERT E	NAME	
STREET ADDRESS	25188 MARION AVE #E-402	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JAMES M	NAME	
STREET ADDRESS	512 E GRACE ST.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RON	NAME	
STREET ADDRESS	PO BOX 6028	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 339496028	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMAN, PAULA M	NAME	
STREET ADDRESS	PO BOX 2467	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 339492467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *James Sweeney* Date: 4/29/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #