

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90204 001 ****61.25

DOCUMENT # N00000002077
1. Entity Name
21ST CENTURY CHALLENGE OF CHARLOTTE COUNTY, INC.



Principal Place of Business
**252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

Mailing Address
**252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
225 N. Virginia Ave.

3. Mailing Address
225 N. Virginia Ave.

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

Zip
33950

Country

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
252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
225 N. Virginia Ave.

City **Punta Gorda** FL Zip **33950**

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)

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, REXFORD R CPA	
STREET ADDRESS	252 WEST OLYMPIA AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLICHTER, ROBERT E	
STREET ADDRESS	25188 MARION AVE #E-402	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, JAMES M	
STREET ADDRESS	512 E GRACE ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, RON	
STREET ADDRESS	PO BOX 6028	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949-6028	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILMAN, PAULA M	
STREET ADDRESS	PO BOX 2467	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949-2467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	225 N. Virginia Ave.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REXFORD R. Koch Director 4/30/03**

CR2E037 (10/02)