


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90194 019 ****61.25

DOCUMENT # N02000005504					
1. Entity Name CHARLOTTE COUNTY COMPUTER GROUP CORPORATION					
Principal Place of Business 2280 AARON ST PORT CHARLOTTE, FL 33952			Mailing Address 2280 AARON ST PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZINNEMAN, THOMAS E 2280 AARON ST. PORT CHARLOTTE, FL 33952				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete		TITLE	P
NAME	KEIRNAN, DONALD			NAME	HURLEY, LARRY
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	2280 AARON ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	T	<input type="checkbox"/> Delete		TITLE	D
NAME	ZINNEMAN, THOMAS			NAME	BRODZANSKY, STUART
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	2280 AARON ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	RIST, LYDIA			NAME	HARRIS, WILLARD
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	2280 AARON ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	ARSENAULT, DIANA			NAME	ROGAHN, AL
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	2280 AARON ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D	<input type="checkbox"/> Delete		TITLE	D
NAME	GORCAS, HORST			NAME	TINSLEY, PHIL
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	2280 AARON ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	KOOPS, BARBARA			NAME	
STREET ADDRESS	2280 AARON ST.			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			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: <i>Thomas E. Zinneman</i>				4/07/05 941-627-1905	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	