

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005504

FILED
Jan 10, 2009
Secretary of State

Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

Current Principal Place of Business:

2280 AARON ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2280 AARON ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 05-0528272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMATTEO, LOUIS
2280 AARON ST.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

DEMATTEO, LOUIS C TREASUR
2280 AARON ST.
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: LOUIS C DEMATTEO 01/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLATT, BILL
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: DEMATTEO, LOUIS
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: RIST, LYDIA
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: VANOSDOL, LARRY
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: RUGGIERI, TONI
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: PILCH, YVETTE
Address: 2280 AARON ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VANOSDOL, LARRY
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NIXON, HAROLD
Address: 2280 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS C DEMATTEO T 01/10/2009

Electronic Signature of Signing Officer or Director Date