

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35837

FILED
Feb 24, 2009
Secretary of State

Entity Name: PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS COMMUNITY ASSISTANCE FUND, INC.

Current Principal Place of Business:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

3320 LOVELAND BLVD.
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 59-2172679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HACKETT, JACK O., II
99 NESBIT STREET
PUNTA GORDA, FL 339511447 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOGAN, CYNTHIA
Address: 970 KINGS HIGHWAY BLVD., STE. 2
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: PE () Delete
Name: POWELL, DAVE
Address: 1600 TAMiami TR.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: SEC () Delete
Name: DEPENDBROCK, CAROLYN
Address: 23419 SUPERIOR AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: TR () Delete
Name: MCCLARY, NANCY
Address: 2885 TAMiami TR.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CYNTHIA LOGAN

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date