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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N94000002672 (3)

1. Corporation Name

CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**326 WEST MARION AVE.
SUITE 112
PUNTA GORDA FL 33950**

**326 WEST MARION AVE.
SUITE 112
PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report
4. FBI Number 65-0492790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30
33950-4417	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKETT, JACK O II
FARR FARR EMERICH SIFRIT HACKETT & CARR PA
115 WEST OLYMPIA AVE.
PUNTA GORDA FL 33951**

81 Name MATHIS, JULIE C.
82 Street Address (P.O. Box Number is Not Acceptable) 326 W MARION AVE., SUITE 112
83
84 PUNTA GORDA
85 FL
86 33950-4417

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Julie C. Mathis **Julie C. Mathis, Executive Director** DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME WHITE, TOMMY O	1.1 TITLE M/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18500 MURDOCK CIR., ROOM 423	CITY - ST - ZIP PORT CHARLOTTE FL 33948	1.2 NAME Mathis, Julie C.	
		1.3 STREET ADDRESS 326 W Marion Ave., Suite 112	
		1.4 CITY - ST - ZIP Punta Gorda, FL 33950-4417	
TITLE DP	NAME KOCUR, CHUCK	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18505 PAULSON DR., BLDG. B	CITY - ST - ZIP PORT CHARLOTTE FL 33948	2.2 NAME Kocur, Chuck	
		2.3 STREET ADDRESS 18505 Paulson Dr., Bldg. B	
		2.4 CITY - ST - ZIP Port Charlotte, FL 33948	
TITLE DT	NAME WENZEL, ROBERT	3.1 TITLE P/D (President Elect)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9400 PIPER RD.	CITY - ST - ZIP PUNTA GORDA FL 33950	3.2 NAME Kohn, Steve G.	
		3.3 STREET ADDRESS 1520 Lee St. #1633	
		3.4 CITY - ST - ZIP Fort Myers, FL 33901	
TITLE DV	NAME ALLAN, RAY	4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2278 NUREMBERG BLVD.	CITY - ST - ZIP PORT CHARLOTTE FL 33983	4.2 NAME Wenzel, Robert	
		4.3 STREET ADDRESS 9400 Piper Road	
		4.4 CITY - ST - ZIP Punta Gorda, FL 33950	
TITLE DV	NAME KOHN, STEVE G	5.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 113 W. OLYMPIA AVE.	CITY - ST - ZIP PUNTA GORDA FL 33950	5.2 NAME Allan, Ray	
		5.3 STREET ADDRESS 2278 Nuremberg Blvd.	
		5.4 CITY - ST - ZIP Port Charlotte, FL 33983	
TITLE DV	NAME TAYLOR, CYNDEE	6.1 TITLE D (Immediate Past President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 329 E. OLYMPIA AVE.	CITY - ST - ZIP PUNTA GORDA FL 33950	6.2 NAME White, Tommy Q.	
		6.3 STREET ADDRESS 18500 Murdock Circle, 4th Floor	
		6.4 CITY - ST - ZIP Port Charlotte, FL 33948	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie C. Mathis **Julie C. Mathis, Executive Director** DATE: **8/13/95**

Handwritten notes and signatures at the bottom of the page.