


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000002672 (3)**  
1. Corporation Name  
**CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.**



Principal Place of Business <b>326 WEST MARION AVE. SUITE 112 PUNTA GORDA FL 33950</b>	Mailing Address <b>326 WEST MARION AVE. SUITE 112 PUNTA GORDA FL 33950</b>
---	---

3. Date Incorporated or Qualified <b>05/26/1994</b>		
4. FEI Number <b>65-0492790</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**MATHIS, JULIE C  
326 W. MARION, AVE.  
SUITE 112  
PUNTA GORDA FL 33950**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Julie C. Mathis* **Julie C. Mathis, Executive Director** DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>MS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATHIS, JULIE C</b>		1.2 NAME	
STREET ADDRESS <b>326 W. MARION AVE., SUITE 112</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BERNTSSON, ROB</b>		2.2 NAME <b>Wishard, Bill</b>	
STREET ADDRESS <b>18401 MURDOCK CIRCLE</b>		2.3 STREET ADDRESS <b>272 E Virginia Ave.</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		2.4 CITY-ST-ZIP <b>Punta Gorda, FL 33950</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>REYNOLDS, JEFFREY</b>		3.2 NAME <b>Brown, Charles</b>	
STREET ADDRESS <b>21175 OLEAN BLVD</b>		3.3 STREET ADDRESS <b>1100 Tamiami Trail</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		3.4 CITY-ST-ZIP <b>Port Charlotte, FL 33953</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WENZEL, ROBERT</b>		4.2 NAME <b>Holmes, David</b>	
STREET ADDRESS <b>9400 PIPER ROAD</b>		4.3 STREET ADDRESS <b>2315 Aaron St.</b>	
CITY-ST-ZIP <b>PUNTA GORDA FL</b>		4.4 CITY-ST-ZIP <b>Port Charlotte, FL 33952</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMS, BETTY</b>		5.2 NAME <b>Williams, Betty</b>	
STREET ADDRESS <b>4500 MARINA DRIVE</b>		5.3 STREET ADDRESS <b>4500 Marina Dr.</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		5.4 CITY-ST-ZIP <b>Port Charlotte, FL 33952</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LLEWLYN, RICHARD</b>		6.2 NAME	
STREET ADDRESS <b>1901 TAMAMI TRAIL</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Dir. 941-639-2222**

CR2E037 (10/97)

*paid 4/10/98 #59107 \$61.25*