


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90018 019 ****61.25

DOCUMENT # N94000002672					
1. Entity Name CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.					
Principal Place of Business 326 WEST MARION AVE. SUITE 112 PUNTA GORDA, FL 33950			Mailing Address 326 WEST MARION AVE. SUITE 112 PUNTA GORDA, FL 33950		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATHIS, JULIE C 326 W. MARION, AVE. SUITE 112 PUNTA GORDA, FL 33950				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	MS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, JULIE C			NAME	
STREET ADDRESS	326 W. MARION AVE., SUITE 112			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL			CITY-ST-ZIP	33950
TITLE	PPD	<input checked="" type="checkbox"/> Delete		TITLE	PED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, DIEDRICK			NAME	MIZE, MARYANN
STREET ADDRESS	18501 MURDOCK CIR., 2ND FLOOR			STREET ADDRESS	1100 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948			CITY-ST-ZIP	PORT CHARLOTTE FL 33953
TITLE	PDP	<input type="checkbox"/> Delete		TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHARD, KRISTINE			NAME	
STREET ADDRESS	23081 HARBORVIEW RD, 2ND FLOOR			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, DAVID			NAME	
STREET ADDRESS	99 NESBIT ST.			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCK, REX			NAME	DRYBURGH, BILL
STREET ADDRESS	252 W. OLYMPIA AVE			STREET ADDRESS	101 TAYLOR ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	ASHLEY, DONALD			NAME	
STREET ADDRESS	366 E. OLYMPIA AVE.			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33950			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: <u>Julie Mathis</u>		Date: <u>3/31/04</u>		Daytime Phone #: <u>941 627-2222</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

94045132



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0492790 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

*Rec'd 4/2/04
10:09
4/25*