


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90143 044 \*\*\*\*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 2702 Tamiami Trail		3. Mailing Address 2702 Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33952		Country Charlotte	
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) 2702 Tamiami Trail City Port Charlotte FL Zip Code 33952	
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: <i>Julie Mathis</i>		DATE: 4/10/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	MS MATHIS, JULIE C 326 W. MARION AVE., SUITE 112 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2702 Tamiami Trail Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIZE, MARYANN 1100 TAMIAMI TRL. PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WISHARD, KRISTINE 23081 HARBORVIEW RD, 2ND FLOOR PORT CHARLOTTE, FL 33980 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PED Sandles, Larry 1203 W Marion Ave. Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RUSSELL, KEVIN W 18501 MURDOCK CIR #600 PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD 14295 Tamiami Trail North Port, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRYBURGH, BILL 101 TAYLOR ST. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ASHLEY, DONALD 366 E. OLYMPIA AVE. PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Dees, Fred B. 3440 Conway Blvd. #2-C Port Charlotte, FL 33952
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Julie Mathis</i>		Julie C. Mathis, Executive Director 941-627-2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

*Paid 4/14/06 #604 \$61.25*