



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 048 ****61.25

DOCUMENT # N99000007648					
1. Entity Name ISLAND COUNTRY CLUB CHARITABLE FOUNDATION, INC.					
Principal Place of Business 500 NASSAU CT MARCO ISLAND, FL 34145		Mailing Address 500 NASSAU CT MARCO ISLAND, FL 34145		<p style="text-align: center; font-size: 24pt;">50023353</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01142005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3618210	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCARDLE, MICHAEL W 850 PARK SHORE DR NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City	
				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 _____					
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, 2005		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	DCP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, WESLEY			NAME	
STREET ADDRESS	870 S COLLIER BLVD , PHB			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMIER, STEVE			NAME	
STREET ADDRESS	85 SOUTH SEAS COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, PATRICK			NAME	
STREET ADDRESS	812 HICKAWAY CIRCLE E #111			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVISON, CAROLEE			NAME	
STREET ADDRESS	P.O. BOX 1028			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, NED			NAME	
STREET ADDRESS	1471 FIRWOOD COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCHESI, AL			NAME	
STREET ADDRESS	1268 LAUREL COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			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: _____				3/1/05 239-394-6661 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WES BLACKWELL					