

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 043 ****61.25

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02012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000000833					
1. Entity Name BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952 US			Mailing Address 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business 3650 North ACCESS Road			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Englewood, Florida			City & State		
Zip 34224		Country Charlotte		Country	
4. FEI Number 65-0725247			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMA, CHARLES M 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952			CHARLES M. ROMA 3650 NORTH ACCESS ROAD ENGLEWOOD, FLORIDA 34224		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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 <u>Charles M. Roma EXEC. DIR.</u> CHARLES M. ROMA, EXEC DIR. <u>2-15-05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	DP <input type="checkbox"/> Delete	TITLE	Board President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATOLI, TOM	NAME	NATOLI-TOM Integrity Employee LEASING		
STREET ADDRESS	4166 TAMiami TRAIL	STREET ADDRESS	3380 RADICE AVE		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	PT. CHARLOTTE, FL 33952		
TITLE	DV <input type="checkbox"/> Delete	TITLE	VP. OPERATIONS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, CHARITY	NAME	GLEN BOWD, LAFRANCIS CLEGGORS		
STREET ADDRESS	2240 SO MCCALL RD	STREET ADDRESS	4435 TAMiami TR		
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	PT. CHARLOTTE, FL 33952		
TITLE	DT <input type="checkbox"/> Delete	TITLE	VP. RESOURCE DEV. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, TED	NAME	JOHN PRUNESKI		
STREET ADDRESS	2905 TAMiami TRAIL	STREET ADDRESS	207 MCCABE ST		
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		
TITLE	DV <input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATOLI, THOMAS	NAME	MICHELLE ROGERS, CHARLIE STATE BANK		
STREET ADDRESS	4166 TAMiami TRAIL	STREET ADDRESS	3002 TAMiami TR		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	S <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYES, PAT	NAME	REBECCA SCHOFIELD		
STREET ADDRESS	2850 DAN QUIYOTE DR	STREET ADDRESS	544 SHAMROCK BLVD		
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	VENICE, FL 34293		
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROMA, CHARLES M	NAME	CHARLES M. ROMA		
STREET ADDRESS	2726 TAMiami TR	STREET ADDRESS	3650 NORTH ACCESS RD		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	ENGLEWOOD, FL 34224		
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>Charles M. Roma</u> CHARLES M. ROMA EXEC. DIRECTOR <u>2-15-05</u> <u>941-815-8753</u>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					