

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000833

1. Entity Name
BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY, INC.



Principal Place of Business

**21450 GIBRALTER DR.
STE. 10
PORT CHARLOTTE, FL 33952 US**

Mailing Address

**21450 GIBRALTER DR.
STE. 10
PORT CHARLOTTE, FL 33952**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0725247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUENTHER, ROSCELYN
21450 GIBRALTER DR.
STE. 10
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	BP
NAME	DEVOS, SARA
STREET ADDRESS	13970 ROYAL POINTE DR.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	VPB
NAME	GREENLAND, PAULA
STREET ADDRESS	300 BAY HEIGHTS
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	T
NAME	KOCH, REX
STREET ADDRESS	225 W. VIRGINIA AVE.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PBP
NAME	MALLISON, ANDY
STREET ADDRESS	2811 TAMiami Trl. Ste. P
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	BM
NAME	DUNCAN, CONNIE
STREET ADDRESS	19720 TOLEDO BLADE BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	BM
NAME	BROOKS, MITCHELL T
STREET ADDRESS	2811 - P TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

000000784806
01/16/08-80069-013 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/08 9418158751