

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711471

**Entity Name:** CHARLOTTE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

2702 TAMIAMI TRL  
PORT CHARLOTTE, FL 33952-5129

**Current Mailing Address:**

2702 TAMIAMI TRL  
PORT CHARLOTTE, FL 33952-5129 US

**FEI Number:** 59-1149738

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATHIS, JULIE C  
2702 TAMIAMI TRL  
PORT CHARLOTTE, FL 33952-5129 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	MS	Title	PAST PRESIDENT, DIRECTOR
Name	MATHIS, JULIE C	Name	LUCAS, JASON
Address	2702 TAMIAMI TRL	Address	17833 MURDOCK CIR. SUITE B
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33948
Title	PRESIDENT ELECT, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	DULL, DENISE	Name	BURCH, ALYSON
Address	128 W CHARLOTTE AVE	Address	2331 TAMIAMI TRAIL
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	TREASURER		
Name	TONY, SMITH		
Address	366 W OLYMPIA AVE		
City-State-Zip:	PUNTA GORDA FL 33950		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE MATHIS

**EXECUTIVE DIRECTOR**

**03/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date