Entity Name	: CHARLOTTE COUNTY CHAMBER OF COM	IMERCE, INC	Secretary 7761360	of State
2702 TAMIAMI	ncipal Place of Business: TRL DTTE, FL 33952-5129		7701300	102900
Current Mai	ling Address:			
2702 TAMIA PORT CHAF	MI TRL RLOTTE, FL 33952-5129 US			
FEI Number	: 59-1149738		Certificate of Status Desi	red: No
Name and A	ddress of Current Registered Agent:			
ASHLEY, TERI 2702 TAMIAMI	TRL			
PORT CHARLC	DTTE, FL 33952-5129 US			
	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
The above named		stered office or regis	tered agent, or both, in the State of Flo	
The above named	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	
The above named	d entity submits this statement for the purpose of changing its regineration of the purpose of the purpose of changing its regineration of the purpose of the pu	stered office or regis	tered agent, or both, in the State of Flo	03/26/2021
The above named	d entity submits this statement for the purpose of changing its regineration of the purpose of the purpose of changing its regineration of the purpose of the pu	stered office or regis	tered agent, or both, in the State of Flo	03/26/2021
The above named SIGNATURE Officer/Dire	entity submits this statement for the purpose of changing its regiser TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail :			03/26/2021
The above named SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its regises TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY	Title	PRESIDENT	03/26/2021
The above named SIGNATURE Officer/Dired Title Name Address	 d entity submits this statement for the purpose of changing its regiser TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY ASHLEY, TERI G 	Title Name	PRESIDENT BRAND, JUSTIN 227 SULLIVAN ST.	03/26/2021
The above named SIGNATURE Officer/Dired Title Name Address	 d entity submits this statement for the purpose of changing its regis TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY ASHLEY, TERI G 2702 TAMIAMI TRL 	Title Name Address	PRESIDENT BRAND, JUSTIN 227 SULLIVAN ST.	03/26/2021 Date
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	 entity submits this statement for the purpose of changing its regises TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY ASHLEY, TERI G 2702 TAMIAMI TRL PORT CHARLOTTE FL 33952 	Title Name Address City-State-Zip:	PRESIDENT BRAND, JUSTIN 227 SULLIVAN ST. PUNTA GORDA FL 33950	03/26/2021 Date
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	E: TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY ASHLEY, TERI G 2702 TAMIAMI TRL PORT CHARLOTTE FL 33952 VP, DIRECTOR	Title Name Address City-State-Zip: Title	PRESIDENT BRAND, JUSTIN 227 SULLIVAN ST. PUNTA GORDA FL 33950 PAST PRESIDENT, DIRECTOR	03/26/2021 Date
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title Name	entity submits this statement for the purpose of changing its register TERI G. ASHLEY Electronic Signature of Registered Agent Ctor Detail : EXECUTIVE DIRECTOR, SECRETARY ASHLEY, TERI G 2702 TAMIAMI TRL PORT CHARLOTTE FL 33952 VP, DIRECTOR MARTIN, MIKE 425 CROSS ST., SUITE 114	Title Name Address City-State-Zip: Title Name	PRESIDENT BRAND, JUSTIN 227 SULLIVAN ST. PUNTA GORDA FL 33950 PAST PRESIDENT, DIRECTOR TONY, SMITH 366 W OLYMPIA AVE	03/26/2021 Date

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711471

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.

Title

Name

Address

VP, DIRECTOR

City-State-Zip: LAKE SUZY FL 34269

STEPHEN, LINEBERRY

13210 SW PEMBROKE CIR. N.

SIGNATURE: TERI G. ASHLEY

TREASURER

City-State-Zip: PUNTA GORDA FL 33950

WRIGHT, COLLEEN

344 W OLYMPIA AVE

Title

Name

Address

03/26/2021 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

FILED Mar 26, 2021