

**2014 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  
Name MATHIS, JULIE C  
Address 2702 TAMIAMI TRL  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VPD  
Name LUCAS, JASON  
Address 17833 MURDOCK CIR.  
SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33948

Title PD  
Name THOMAS (TJ), THORNBERRY  
Address 20020 VETERANS BLVD  
UNIT 2  
City-State-Zip: PORT CHARLOTTE FL 33954

Title PPD  
Name CULLINAN, MARCIA  
Address 2120 KINGS HWY  
City-State-Zip: PORT CHARLOTTE FL 33980-4215

Title TD  
Name JEFF, BROWN  
Address 366 W OLYMPIA AVE  
City-State-Zip: PUNTA GORDA FL 33950

Title PED  
Name ATKINSON, WENDY  
Address 18245 PAULSON DR.  
SUITE 123  
City-State-Zip: PORT CHARLOTTE FL 33954

*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**

**03/17/2014**

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

\_\_\_\_\_  
Date