

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005504

FILED
Feb 01, 2016
Secretary of State
CC8985606973

Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

Current Principal Place of Business:

2280 AARON ST
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2280 AARON ST
PORT CHARLOTTE, FL 33952

FEI Number: 05-0528272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLIS, RONALD D
2280 AARON ST.
PORT CHARLOTTE, FL 33952 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: RONALD D. WALLIS

02/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WALLIS, RONALD D.
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name EVANS, RICHARD E
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY
Name MUSCHONG, RONALD
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name LEWIS, JONAS
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name PILCH, YVETTE
Address 2280 AARON ST.
City-State-Zip: PORT CHARLOTTE FL 33952

Title TRES
Name NIXON, HAROLD
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name WHALEN, DONNA
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name MUDD, GROVER
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952

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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: RONALD D. WALLIS

PRESIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RIST, LYDIA
Address 2280 AARON ST
City-State-Zip: PORT CHARLOTTE FL 33952