## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005504

Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

FILED
Apr 13, 2013
Secretary of State
CC2803846813

# **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:

BRIDGES, JAMES BTREASUR 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title P Title VP

NameNIXON, HAROLDNameRIST, LYDIAAddress2280 AARON STAddress2280 AARON ST

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY Title D

NamePILCH, YVETTENameWALLIS, RONAddress2280 AARON STAddress2280 AARON ST

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title D Title TRES

NameHURLEY, LARRYNameBRIDGES, JAMES BAddress2280 AARON ST.Address2280 AARON ST

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

TitleDIRECTORTitleDIRECTORNameLOUIS, JONASNameHEGARD, JOHNAddress2280 AARON STAddress2280 AARON ST

City-State-Zip: PORT CHARLOTTE FL 33952 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: HAROLD NIXON PRESIDENT 04/13/2013

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MESSINA, FRANK Address 2280 AARON ST

City-State-Zip: PORT CHARLOTTE FL 33952