DOCUMENT# N02000005504 Jail 02, 2019   Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION Secretary of State CC5591943237   Current Principal Place of Business: 2280 AARON ST   PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952						
	Current Mail	ing Address:				
2280 AARON ST PORT CHARLOTTE, FL 33952						
FEI Number: 05-0528272 Certificate of Status Desired: No						
Name and Address of Current Registered Agent:						
	MUDD, GROVE 2280 AARON S <sup>-</sup> PORT CHARLO					
	The above named	entity submits this statement for the purpose of changing its regist	ered office or regisi	tered agent, or both,	in the State of Florida.	
	SIGNATURE	: GROVER MUDD			01/02/2019	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	VP	Title	SECRETARY		
	Name	PILCH, YVETTE	Name	RIST, LYDIA		
	Address	2280 AARON ST	Address	2280 AARON S	Т	
	City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLO	TTE FL 33952	
	Title	DIRECTOR	Title	TRES		
	Name	EVANS, DICK	Name	NIXON, HAROL	D	
	Address	2280 AARON ST	Address	2280 AARON S	Т	
	City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLO	TTE FL 33952	
	Title	DIRECTOR	Title	PRESIDENT		
	Name	WHALEN, DONNA	Name	MUDD, GROVE	R	
	Address	2280 AARON ST	Address	2280 AARON S	Г	
	City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLO	TTE FL 33952	
	Title	DIRECTOR	Title	DIRECTOR		
	Name	KOPENEC, GEORGE	Name	MUSCHONG, R	ON	
	Address	2280 AARON ST	Address	2280 AARON S	Т.	
			<b>O I I I</b>			

City-State-Zip: PORT CHARLOTTE FL 33952

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City-State-Zip: PORT CHARLOTTE FL

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: GROVER MUDD

PRESIDENT

01/02/2019 Date

FILED Jan 02, 2019

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005504

## **Officer/Director Detail Continued :**

Title	DIRECTOR			
Name	PISATURO, JOANNE			
Address	2280 AARON ST.			
City-State-Zip:	PORT CHARLOTTE FL 33952			