SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $139 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702815** **(2)**

1. Corporation Name

PORT CHARLOTTE CULTURAL CENTER, INC.

Principal Place of Business	Mailing Address
2280 AARON STREET P O BOX 3060 PORT CHARLOTTE FL 33949-3060	2280 AARON STREET P O BOX 3060 PORT CHARLOTTE FL 33949-3060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/1961**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-1286577** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GOULD, MARION
2486 CARING WAY
#10A
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARCUS	12 NAME		
STREET ADDRESS	2280 AARON - P.O. BOX 3060	13 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP		
TITLE	CEO	21 TITLE		☐ Change ☐ Addition
NAME	BRYANT, RUSSEL	22 NAME		
STREET ADDRESS	2222 SALEM AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	SWINDELL, HERBERT DR.	32 NAME		
STREET ADDRESS	17400 RIVER RANCH CT.	33 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SWING, ANNE MRS.	42 NAME		
STREET ADDRESS	24010 HARBORVIEW RD.	43 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	D	☒ Change ☐ Addition
NAME	RILEY ROBERT	52 NAME		
STREET ADDRESS	25552 BANFF LANE	53 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33983	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WOTITZKY, FRANK	62 NAME		
STREET ADDRESS	4508 N. SHORE DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Marcus Johnson, ED 7/21/95 941-625-4175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0618000