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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

3. Date Incorporated or Qualified: **08/23/1961**
3a. Date of Last Report: **06/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MARCUS		1.2 NAME	
STREET ADDRESS	2280 AARON - P.O. BOX 3060		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, RUSSEL		2.2 NAME	
STREET ADDRESS	2222 SALEM AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SWINDELL, HERBERT DR.		3.2 NAME	
STREET ADDRESS	17400 RIVER RANCH CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SWING, ANNE MRS.		4.2 NAME	
STREET ADDRESS	24010 HARBORVIEW RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RILEY ROBERT		5.2 NAME	
STREET ADDRESS	25552 BANFF LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WOTITZKY, FRANK		6.2 NAME	
STREET ADDRESS	4508 N. SHORE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

SIGNATURE: _____ MARCUS JOHNSON _____ (941) 625-4175
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057431