FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 30 1998 8:00am
Secretary of State

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

4. FEI Number: 59-1286577 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOULD, MARION 2486 CARING WAY #10A PORT CHARLOTTE FL 33952	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: Marion Gould MARION GOULD SECY/TREAS 1-12-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	CEO	☒ Change ☐ Addition
NAME	BRYANT, RUSSEL		2.2 NAME	SWINDELL, HERBERT, DR.	
STREET ADDRESS	2222 SALEM AVE.		2.3 STREET ADDRESS	822 VIA TRIPOLI	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	SWINDELL, HERBERT DR.		3.2 NAME	BOSTWICK, DOROTHY	
STREET ADDRESS	17400 RIVER RANCH CT.		3.3 STREET ADDRESS	4347 CONWAY	
CITY-ST-ZIP	PUNTA GORDA FL 33950		3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
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	VP	☐ Change ☐ Addition
NAME	WOTITZKY, FRANK		6.2 NAME	HAGEMAN, JAMES	
STREET ADDRESS	4508 N. SHORE DRIVE		6.3 STREET ADDRESS	2416 MAURITANIA	
CITY-ST-ZIP	CHARLOTTE HARBOR FL		6.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983	

CR2E037 (10/97)

14. I 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: SIGNATURE REQUIRED MARCUS JOHNSON 1/16/98 625-4975