FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90092 024 ****61.25

0061499

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702815

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/23/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1286577 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	CEO	☒ Change ☐ Addition
NAME	SWINDELL, HERBERT D		2.2 NAME	Robert Riley	
STREET ADDRESS	822 VIA TRIPOLI		2.3 STREET ADDRESS	25552 Banff Lane	
CITY-ST-ZIP	PUNTA GORDA FL 33950		2.4 CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BOSTWICK, DOROTHY		3.2 NAME	Mrs. Jan Kneller	
STREET ADDRESS	4347 CONWAY		3.3 STREET ADDRESS	300 Klispie Drive	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		3.4 CITY-ST-ZIP	Punta Gorda, Fla 33950	
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	D	☒ Change ☐ Addition
NAME	RILEY ROBERT		5.2 NAME	Jack Price	
STREET ADDRESS	25552 BANFF LANE		5.3 STREET ADDRESS	639 E. Hargreaves Ave	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	Punta Gorda, Fla 33950	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAGEMAN, JAMES		6.2 NAME		
STREET ADDRESS	2416 MAURITANIA		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33983		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Marcus Johnson (941)625-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #