2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702815

FILED May 19, 2006 Secretary of State

Entity Name: CULTURAL CENTER OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2280 AARON ST.

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

PO BOX 495129

PORT CHARLOTTE, FL 33949

FEI Number: 59-1286577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERGA, KERRY D POWELL, DAVID 6064 GOLF COURSE BLVD POWELL AVE

PUNTA GORDA, FL 33982 US PORT CHARLOTTE, FL 33948 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID POWELL 05/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED () Delete Title: COO (X) Change () Addition

 Name:
 JOHNSON, MARCUS
 Name:
 HAGEMAN, JAMES

 Address:
 2280 AARON - P.O. BOX 3060
 Address:
 3300 LOVELAND BLVD UNIT 3103

 City-St-Zip:
 PORT CHARLOTTE, FL
 City-St-Zip:
 PORT CHARLOTTE, FL 33980

Title: VP () Delete Title: () Change () Addition

 Name:
 LAZZELL, RUFUS
 Name:

 Address:
 1600 MONITA CT.
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

Title: PCEO () Delete Title: () Change () Addition

 Name:
 POWELL, DAVID
 Name:

 Address:
 1043 TROPICAL AVE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33948
 City-St-Zip:

Name:SWING, ANNE MRS.Name:SWING, ANNE DRAddress:24010 HARBORVIEW RD.Address:24010 HARBORVIEW RD.City-St-Zip:CHARLOTTE HARBOR, FLCity-St-Zip:CHARLOTTE HARBOR, FL

 Name:
 LYNCH, ROBERT C
 Name:
 TULL, STEVEN

 Address:
 1501 BEACH ROAD UNIT 3-40Z
 Address:
 2310 KENYA LANE

 City-St-Zip:
 ENGLEWOOD, FL 34223
 City-St-Zip:
 PUNTA GORDA, FL 33983

Title: T () Delete Title: T (X) Change () Addition

Name:STICKES, ROBERTName:STIEKES, ROBERTAddress:183 COMPTON STAddress:183 COMPTON ST

City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID POWELL PCEO 05/19/2006