


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90002 022 ****61.25

DOCUMENT # 702815 1. Entity Name CULTURAL CENTER OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 2280 AARON ST. PORT CHARLOTTE, FL 33952			Mailing Address PO BOX 495129 PORT CHARLOTTE, FL 33949		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1286577	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POWELL, DAVID 1043 TROPICAL AVE PORT CHARLOTTE, FL 33948				7. Name and Address of New Registered Agent Name <u>James Hageman</u> Street Address (P.O. Box Number is Not Acceptable) <u>2484 Celebes Street</u> City <u>Punta Gorda</u> <u>FL</u> Zip Code <u>33953</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> 6/25/07 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO HAGEMAN, JAMES 3300 LOVELAND BLVD. UNIT 3103 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hageman James 2484 Celebes Ct. Punta Gorda, FL 33953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAZZELL, RUFUS 1600 MONITA CT. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCE O Lazzell, Rufus
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO POWELL, DAVID 1043 TROPICAL AVE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Francis Larry 19100 Mudlock Circle Port Charlotte FL 33948
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWING, ANNE DR 24010 HARBORVIEW RD. CHARLOTTE HARBOR, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Osborne, Steve 1675 W Marion Avenue Punta Gorda FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TULL, STEVEN 2310 KENYA LANE PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Roberson Ken PO Box 485996 Port Charlotte FL 33949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STIEKES, ROBERT 183 COMPTON ST PORT CHARLOTTE, FL 33954	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Simmons William 994 Messina Ct. Punta Gorda FL 33950
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> 6/25/07 <small>Signature, typed or printed name of signing officer or director. Date Daytime Phone #</small>					