


FILED
Jun 11, 2008 8:00 am
Secretary of State

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
6. Name and Address of Current Registered Agent			
HAGEMAN, JAMES 2484 CELEBES ST PUNTA GORDA, FL 33953		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO HAGEMAN, JAMES 2484 CELEBES CT PUNTA GORDA, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LAZZELL, RUFUS 1600 MONITA CT. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANCIS, LARRY 19100 MURDOCK CIR PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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	Dir Co 212 Por
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERSON, KEN PO BOX 485096 PORT CHARLOTTE, FL 33949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Rob 20. Por
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SIMMON, WILLIAM 994 MESSINA CT PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Tre Lo 16 Pu
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			