2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business Poblic 4552 PORT CHARLOTTE, FL 33949	DOCUMENT # 702815 1. Entity Name CULTURAL CENTER OF CHARLOTTE COUNTY, INC.					06-11-20	008 90002 002 ****	⁶ 1.25	
Suite, Apl. #, etc. Suite, Apl. #, etc.	2280 AARON ST. PO BOX 495129			33949		BBN BYND HURI IDDU NUB	1 AMI AITH AIRN AIRN AIRN AITH AN	IEKOR DI INTI	
City 6 State City 6 State Country S. Conflictation Status Desired S8.75 Additional Fee Regulated	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Special Country Zip Country So - 1286577	Suite, Apt. #, etc.		Suite, Apt. #, etc.		0509200	8 Chg-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent HAGEMAN, JAMES 2484 CELEBES ST PUNTA GORDA, FL 33953 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Filling Fee is \$61.25 Due by September 12, 2008 0. Efection Cempsign Financing Trust Fund Commbusion. This make Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Filling Fee is \$61.25 Due by September 12, 2008 9. Efection Cempsign Financing Trust Fund Commbusion. Signature Funds POE floridate Personal State Floridate Department of State Trust Fund Commbusion. Addition Make Check payable to Florida Department of State City St. 29 Make Check payable to Florida Department of State City St. 29 Make Check payable to Florida Department of State Trust Fund Commbusion. Addition Make Check payable to Florida Department of State City St. 29 PUNTA GORDA, FL 33953 City St. 29 PUNTA GORDA, FL 33950 Delete Make LAZZELL RUFUS SIRET MORESS City St. 29 PUNTA GORDA, FL 33948 Delete Make SIRET MORESS City St. 29 PORT CHARLOTTE, FL 33948 Delete Make SIRET MORESS City St. 29 PORT CHARLOTTE, FL 33949 Titl Make ROBERSON, KEN SIRET MORESS City St. 29 PORT CHARLOTTE, FL 33949 Titl Titl Make SIRET MORESS City St. 29 PORT CHARLOTTE, FL 33949 Titl Titl	City & State		City & State				⊢		
HAGEMAN, JAMES 2494 CELEBES ST PUNTA GORDA, FL 33953 City FL Zip Code 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 Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. ITILE COO OFFICERS AND DIRECTORS	Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	d □ \$8.75 Ad	ditional	
Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name a	nd Address of Nev	w Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)				Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	2484 CELEBES ST				Street Address (P.O. Box Number is Not Acceptable)				
B. 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 om familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hoped or proved name of registered agent and rise if exploitable INCTE. Propertient Agent synther required union metasorial DATE				City			■■ Zin Coo	10	
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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.

SIGNATURÉ: