2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# 702815

Entity Name: CULTURAL CENTER OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

2280 AARON ST.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 495129
PORT CHARLOTTE, FL 33949

New Mailing Address:

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:

HAGEMAN, JAMES
2484 CELEBES ST
PUNTA GORDA, FL 33953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	COO	( ) Delete
Name:	HAGEMAN, JAMES	
Address:	2484 CELEBES CT	
City-St-Zip:	PUNTA GORDA, FL 33953	
Title:	PCEO	( ) Delete
Name:	LAZZELL, RUFUS	
Address:	1600 MONITA CT.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VP	( ) Delete
Name:	FRANCIS, LARRY	
Address:	19100 MURDOCK CIR	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	D	( ) Delete
Name:	SWING, ANNE DR	
Address:	24010 HARBORVIEW RD.	
City-St-Zip:	CHARLOTTE HARBOR, FL	
Title:	VP	( ) Delete
Name:	ROBERSON, KEN	
Address:	PO BOX 485098	
City-St-Zip:	PORT CHARLOTTE, FL 33949	
Title:	T	( ) Delete
Name:	LORAH, GEOFFREY	
Address:	1625 MARION AVENUE	
City-St-Zip:	PUNTA GORDA, FL 33950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JAMES HAGEMAN COO 08/11/2009

Electronic Signature of Signing Officer or Director — Date