

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702815

FILED
Jun 11, 2012
Secretary of State

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 ()

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
Name: HAGEMAN, JAMES
Address: 2484 CELEBES CT
City-St-Zip: PUNTA GORDA, FL 33953

Title: PCEO
Name: LAZZELL, RUFUS
Address: 1600 MONITA CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP
Name: CARTER, STEPHEN
Address: 303 TAMIAAMI TRAIL S. UNIT G
City-St-Zip: NOKOMIS, FL 34275

Title: D
Name: FRANK, WEIKEL
Address: 26024 SEMINOLE LAKE BLVD.
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP
Name: ROBERSON, KEN
Address: PO BOX 485098
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: T
Name: LORAH, GEOFFREY
Address: 1625 MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: JAMES HAGEMAN

CEO

06/11/2012

Electronic Signature of Signing Officer or Director

Date