2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2007 8:00 am
Secretary of State
02-23-2007 90042 037 ****61.25

DOCUMENT # 706116

1. Entity Name
CHARLOTTE PLAYERS INC

66005722

Principal Place of Business	Mailing Address
1225 TAMIAMI TRAIL APT. B11 PT CHARLOTTE, FL 33953 US	P O BOX 494088 PT CHARLOTEE, FL 33949 US

01102007 Chg-NP CR2E037 (12/06)

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 23-7087894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIEGLER, LYNNE 157 NE CONCORD PORT CHARLOTTE, FL 33952	Name HARRY TAYLOR Street Address (P.O. Box Number is Not Acceptable) 21451 DEKALS AVE PT. CHARLOTTE FL. 33952 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE xHARRY TAYLOR x. Harry L. Taylor 02-16-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D VALLIERE, PAUL 17424 CLOVER AVE. PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RESIGNATO, LORA 6183 CROMWELL STREET ENGLEWOOD, FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STUART, DONALD 22427 DELHI AVE. PORT CHARLOTTE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V P CASTRO, JANET 2925 MAGNOLIA DR PUNTA GORES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ V P P TAYLOR, HARRY ~~21451 DEKALS AVE.~~ 13442 S.W PEMBROKE CIRCLE N. PORT CHARLOTTE, FL 33952 LAKE SUZY FL 34269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOZENKO, SHARYM 2244 HAYWORTH RD PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Harry Taylor Treas. 3/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #