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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:26

DOCUMENT # 712761 (6)

1. Corporation Name
CHARLOTTE HARBOR FLOTILLA, INC.

Principal Place of Business	Mailing Address
U S COAST GUARD FL99 P O BOX 2182 N/A PORT CHARLOTTE FL 33952 US	18328 DRIGGERS AVENUE PORT CHARLOTTE FL 33948-6913 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6215574 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BLOSSFELD, HEINZ F.
2230 CASSINO COURT
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D. FLOTILA COMMANDER ☒ Change ☐ Addition
NAME	LOWE, THOMAS J	1.2 NAME	FRANK J. KAVANAGH
STREET ADDRESS	1642 VIA DOLCE VITA	1.3 STREET ADDRESS	3306 ANTIGUA DR.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	V	2.1 TITLE	V. VICE FLOTILLA COMM. ☒ Change ☐ Addition
NAME	KAVANAUGH, FRANK J	2.2 NAME	PHILIP R. MERRILL
STREET ADDRESS	3306 ANTIGUA DRIVE	2.3 STREET ADDRESS	3936 CROOKED ISLAND
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MASTERS, BRIAN	3.2 NAME	
STREET ADDRESS	2280 GULFVIEW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAZZA, RALPH	4.2 NAME	
STREET ADDRESS	18328 DRIGGERS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, LORRAINE	5.2 NAME	
STREET ADDRESS	4152 RIEF COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

RALPH R. MAZZA

SIGNATURE: Ralph R. Mazza 1/28/95 (813) 625-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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