FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724453 (6)

1. Corporation Name
THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

Principal Place of Business	Mailing Address
201 WEST MARION AVE SUITE 301 PUNTA GORDA FL 33950 US	P. O. BOX 512 P O BOX 512 PUNTA GORDA FL 33951-7512 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1972
3a. Date of Last Report: 02/14/1994
4. FEI Number: 23-7350032 ☐ 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 1160 S. McCall Road
Suite, Apt. #, etc.
22 Suite B
City & State
23 Englewood, FL
Zip 24 34223 Country 25 US

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

9. Name and Address of Current Registered Agent
WOTITZKY, EDWARD L.
201 WEST MARION AVENUE, SUITE 301
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name: Thomas P. McLennon
82 Street Address (P.O. Box Number is Not Acceptable): 1160 S. McCall Road
83 Suite B
84 City: Englewood, FL 85 Zip Code: 34223

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: [signature] Thomas P. McLennon 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	D ☒ Change ☐ Addition
NAME	WOTITZKY, EDWARD L.	1.2 NAME	Wotitzky, Edward L.
STREET ADDRESS	201 WEST MARION, S-301	1.3 STREET ADDRESS	201 W. Marion Avenue, Suite 301
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	~~D~~	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~JONES, MELISSA~~	2.2 NAME	McLennon, Thomas P.
STREET ADDRESS	~~18501 MURDOCK CIRCLE, SIXTH FLOOR~~	2.3 STREET ADDRESS	1160 S. McCall Road, Suite B
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	2.4 CITY-ST-ZIP	Englewood, FL 34223
TITLE	~~VPD~~	3.1 TITLE	VPD ☒ Change ☐ Addition
NAME	MCLENNON, THOMAS P	3.2 NAME	Hevia, Jesus M.
STREET ADDRESS	350 S. Indiana Avenue	3.3 STREET ADDRESS	18501 Murdock Circle, 6th Floor
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	~~STD~~	4.1 TITLE	STD ☐ Change ☒ Addition
NAME	HEVIA, JESUS M	4.2 NAME	Carr, Darol H. M.
STREET ADDRESS	18501 MURDOCK CIRCLE, 6TH FLOOR	4.3 STREET ADDRESS	2315 Aaron Street
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] Darol H. M. Carr/ST 1/31/95 813-625-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061100