

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **724453** (6)  
1. Corporation Name  
**THE CHARLOTTE COUNTY BAR ASSOCIATION, INC**



Principal Place of Business  
**1160 S MCCALL RD  
SUITE B  
ENGLEWOOD FL 34223  
US**

Mailing Address  
**P. O. BOX 512  
P O BOX 512  
PUNTA GORDA FL 33951-7512  
US**

3. Date Incorporated or Qualified  
**09/29/1972**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business  
21 **18501 Murdock Circle**  
Suite, Apt. #, etc.  
22 **Sixth Floor**  
City & State  
23 **Port Charlotte, Florida**  
Zip  
24 **33948** Country  
25 **US** Zip  
29 **33948** Country  
30 **US**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCLENNON, THOMAS P  
1160 S MCCALL ROAD  
SUITE B  
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name **Jesus M. Hevia**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**18501 Murdock Circle**  
83 **Sixth Floor**  
84 City **Port Charlotte** FL 85 Zip Code **33948**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **02/26/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	WOTITZKY, EDWARD L	201 WEST MARION, S-301	PUNTA GORDA FL	<input type="checkbox"/>
PD	MCLENNON, THOMAS P	1160 S MCCALL ROAD, STE. B	ENGLEWOOD FL	<input checked="" type="checkbox"/>
VPD	HEVIA, JESUS M	18501 MURDOCK CIRCLE, 6TH FLR	PORT CHARLOTTE FL	<input type="checkbox"/>
STD	HEVIA, JESUS M	18501 MURDOCK CIRCLE, 6TH FLOOR	PORT CHARLOTTE FL	<input type="checkbox"/>
D	MCLENNON, THOMAS P	350 S INDIANA AVE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
STD	CARR, DAROL H. M.	2315 AARON STREET	PORT CHARLOTTE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Hevia, Jesus M.	18501 Murdock Circle, 6th Floor	Port Charlotte, FL 33948	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Carr, Darol, H.M.	2315 Aaron Street	Port Charlotte, FL 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	Mizell, John B.	223 Taylor Street	Punta Gorda, FL 33950	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/22/96**

Date

Daytime Phone #

CR2E037 (12/95)