FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

724453

(6)

THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

Principal Place	e of Business	Mailing Address				L 1881)) 1886) 1887 BIRK DIRK BIRK BIRK BIRK BIRK BIRK BIRK BIRK B		
18501 MURDOC	CK CIRCLE	P. O. BOX 512						
6TH FLOOR		P O BOX 512 PUNTA GORDA FL 33951-0512 US						
PORT CHARLOTTE FL 33948 US						3. Date Incorporated or Qualified 09/29/1972	3e. Date of La: 03/01/	
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For 23-7350032 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			***************************************	5. Certificate of Status Desired	\$8.7	5 Additional
22		27				6. Certificate of Status Desireo	□ Fee	Required
City & State	e	City & State				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	28 Zip	Cou	ntry	····	Trust Fund Contribution		
24	25	<u>├</u> ── '	30	e iti y		This corporation has liability for in Florida Statutes	itangible tax undi Yes 🔲 No	er s. 199.032,
	9. Name and Address of Current		001	Γ		10. Name and Address of New Reg		
		<u></u>		81	Name			
HEVIA, JESUS M.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MURDOCK CIRCLE							
6TH FLO		83						
PORT C	HARLOTTE FL 33948			84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parent corporation submits this statement for the purpose of changing its registered.								
office or registored agent, or both, in the State of Fiorida. 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 typed or printed name of registered agent and title if applicable (NOTE: Re					nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODC IN 10
12.	I	DELETE	13. 1.1 Ti	TLF		ADDITIONS/CHANGES TO OFFIC	Char	
NAME	W 8 XIXXKXX EDWASIDX K		1.2 N					
STREET ADDRESS	201 XMEST XMARION XSGOT				ADDRESS			
CITY-ST-ZIP	BUNTAXGORDAXFL		1.4 0	MY- \$1	r-ZIP			
TITLE	\$fD VPD	DELETE	2.1 TITLE				Char	ge Addition
NAME	MIZELL, JOHN B.		2.2 N	AME				
STREET ADDRESS	223 TAYLOR ST		2.3 \$7	TREET.	address			
C(TY-SI-ZIP	PUNTA GORDA FL 33950			2. 4 CITY - ST - ZIP			T observed	and the same of
TITLE	RD Write IRALIA AIV V DV V V V V V	DELETE	3.1 T(ĺ		☐ Char	nge
NAME CTRCT1 ADORESE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3.2 N/		ADDRESS			
STREET ADDRESS CITY-ST-2IP	POBINCHAREQUIESS RAYE		# T				•	
TITLE	STD	DELETE	4.1 (,	······	Char	ige Addition
NAME	MENAKXIESUSKIM W. Kevi	-	4. 2 N		. [
STREET ADDRESS	18501 MURDOCK CIRCLE, 6T		4.3 S	TREET	ADDRESS		•	
CiTY - ST - 7IP	PORT CHARLOTTE FL 339	48	4.4 C	ITY-S	r-ZIP			
THLE	MROK PD DELETE 5.1		5.1 1				☐ Char	ige Addition
NAME	CARR, DAROL H. M.		5.2 N					
STREET ADDRESS	2315 AARON STREET				ADDRESS		i .	
CITY - ST - ZIP	1 000 000		_	5.4 CITY-ST-ZIP			☐ Char	nge Addition
TITLE		☐ ntreit	6.1 Ti		\			יונים ביין אטמוווטלון
NAME CIDECT ADDRESS			6.2 N		ADDRESS			
STREET ADDRESS			6.3 \$	IMEE	ADDRESS			ı

14. I do hereby certify that the information supplied with this filing 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.