
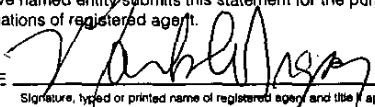
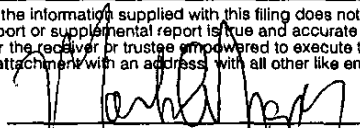


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90061 036 \*\*\*\*61.25

<b>DOCUMENT # 724453</b> 1. Entity Name <b>THE CHARLOTTE COUNTY BAR ASSOCIATION, INC</b>																																																																																																																																																											
Principal Place of Business <b>18501 MURDOCK CIR. 6TH FL PORT CHARLOTTE, FL 33948 US</b>			Mailing Address <b>18501 MURDOCK CIR. 6TH FL PORT CHARLOTTE, FL 33948 US</b>																																																																																																																																																								
2. Principal Place of Business <b>99 Nesbit Street</b>		3. Mailing Address <b>99 Nesbit Street</b>																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>23-7350032</b>																																																																																																																																																							
Zip <b>33950</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>LOUISE, HANACKA 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948</b>			7. Name and Address of New Registered Agent  Name <b>Mark A. Draper</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Nesbit Street</b>  City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</b>																																																																																																																																																								
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  DATE <b>1-8-2004</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																							
<b>Make check payable to Florida Department of State</b>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HANACKA, LOUISE</td> <td></td> <td>NAME</td> <td>Mark A. 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12. I 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 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:  DATE <b>1-8-2004</b> DAYTIME PHONE # <b>(941)-639-1158</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											