2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724453

FILED Jun 27, 2005 Secretary of State

Entity Name: THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business:

99 NESBIT STREET 17801 MURDOCK CIRCLE

PUNTA GORDA, FL 33950 LIS

PORT CHARLOTTE, FL 33948 US

Current Mailing Address: New Mailing Address:

99 NESBIT STREET P. O. BOX 510512

PUNTA GORDA, FL 33951 6TH FL US PUNTA GORDA, FL 33950 US

FEI Number: 23-7350032 FEI Number Applied For ()

FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DRAPER, MARK A 99 NESBIT STREET

PORT CHARLOTTE, FL 33948 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DRAPER, MARK A WILSON, MICHAEL M Name: Name: 99 NESBIT STREET Address: 17801 MURDOCK CIRCLE, SUITE A Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete Title: (X) Change () Addition Name: KOCH, ROBERT F Name: KNOWLTON, JANETTE

Address: 18401 MURDOCK CIRCLE Address: 18500 MURDOCK CIRCLE, ROOM 573 City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete Title: TD (X) Change () Addition

WILSON, MICHAEL M Name: SIMPSON, RICH Name: 18501MURDOCK CIRCLE, STE 101 350 E. MARION AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PUNTA GORDA, FL 33950

() Delete Title: SD Title: SD (X) Change () Addition

KNOWLTON, JANETTER Name: Name: HOWELL, JENNIFER 18500 MURDOCK CIRCLE, ROOM 573 Address: Address: 99 NESBIT STREET City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M. WILSON **PRES** 06/27/2005