2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# 724453

Entity Name: THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

Current Principal Place of Business:

17801 MURDOCK CIRCLE
A
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 510512
PUNTA GORDA, FL 33951 US

New Mailing Address:

FEI Number: 23-7350032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAPER, MARK A
99 NESBIT STREET
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILSON, MICHAEL M	
Address:	17801 MURDOCK CIRCLE, SUITE A	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	VPD	( ) Delete
Name:	KNOWLTON, JANETTE	
Address:	18500 MURDOCK CIRCLE, ROOM 573	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	TD	( ) Delete
Name:	SIMPSON, RICH	
Address:	350 E. MARION AVE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	SD	( ) Delete
Name:	HOWELL, JENNIFER	
Address:	99 NESBIT STREET	
City-St-Zip:	PUNTA GORDA, FL 33950	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PD 02/14/2006

Electronic Signature of Signing Officer or Director — Date