2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State 01-19-2007 90020 050 ****61.25

1. Entity Nam THE CHA	MENT # 724453 RRLOTTE COUNTY BAR AS	SSOCIATION, INC		01-19-20	07 90020 030	1.23
Principal Place of Business 17801 MURDOCK CIRCLE A PORT CHARLOTTE, FL 33948 US Mailing Address P. O. BOX 510512 PUNTA GORDA, FL 3395			951 US		500	00475
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address			HAN HUU NEMIL NUMIL VINIL NIMER NEMIL NIM	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01092007 Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 23-7350032		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desir	_ \$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of No	· · · ·	
DRAPER,	MARK A		Name			
99 NESBÍ			Street Address	(P.O. Box Number is Not Accep	otable)	
			City		FL Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regist	ered agent, or both, in the State		and accept
SIGNATURE	Signature, typed or printed name of registered agent		37/4			
		<u> </u>	E: Registered Agent signature requi		DATE Make check payable to	0
	Filing Fee is \$61.25 Due by May 1, 2007	<u> </u>	npaign Financing	\$5.00 May Be	Make check payable to Florida Department of St	· ·
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be	Make check payable to Florida Department of St FICERS AND DIRECTORS IN	tate
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	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Car Trust Fund C RECTORS	mpaign Financing Contribution. 11. HILE PD NAME Kno STREET ADDRESS 185	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFF wlton, Janette 00 Murdock Circl	Make check payable to Florida Department of St FICERS AND DIRECTORS IN (X Change) e. Room 573	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Descriptions

Obsume Proce #