

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90076 017 \*\*\*\*61.25

**DOCUMENT # 724453**

1. Entity Name  
**THE CHARLOTTE COUNTY BAR ASSOCIATION, INC**



Principal Place of Business  
**17801 MURDOCK CIRCLE  
A  
PORT CHARLOTTE, FL 33948 US**

Mailing Address  
**P. O. BOX 510512  
PUNTA GORDA, FL 33951 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**23-7350032**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Ernest Sturges**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 JC Center Court, Suite 3**  
City **Port Charlotte** FL Zip Code **33954**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **KNOWLTON, JANETTE**  
STREET ADDRESS **18500 MURDOCK CIRCLE RM 573**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **VPD** ☐ Delete  
NAME **SIMPSON, RICH**  
STREET ADDRESS **350 E MARION AVE**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **TD** ☐ Delete  
NAME **HOWELL, JENNIFER**  
STREET ADDRESS **99 NESBIT ST**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **SD** ☐ Delete  
NAME **GOLDMAN, JASON**  
STREET ADDRESS **18501 MURDOCK CIRCLE STE 501**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Simpson, Rich** ☒ Change ☐ Addition  
NAME **350 E. Marion Ave.**  
STREET ADDRESS **Punta Gorda FL 33950**  
CITY-ST-ZIP

TITLE **Howell, Jennifer** ☒ Change ☐ Addition  
NAME **99 Nesbit St.**  
STREET ADDRESS **Punta Gorda FL 33950**  
CITY-ST-ZIP

TITLE **Goldman, Jason** ☒ Change ☐ Addition  
NAME **701 JC Center Ct., Ste. 3**  
STREET ADDRESS **Port Charlotte FL 33954**  
CITY-ST-ZIP

TITLE **Lucas, Jason** ☒ Change ☐ Addition  
NAME **17825 Murdock Circle, Ste. B**  
STREET ADDRESS **Port Charlotte FL 33948**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jason Goldman** 01-16-08 941.675.6666