FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # 731988 (2)

1. Corporation Name

FRIENDS OF THE CHARLOTTE COUNTY MEMORIAL AUDITOR IUM, INC.

Principal Place of Business	Mailing Address
75 TAYLOR STREET PUNTA GORDA FL 33950	75 TAYLOR STREET PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1975
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1604449 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JOHNSON, E. DAVID
131 TAYLOR ST.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KAISER, GLENN	1.2 NAME	Janet Castro	
STREET ADDRESS	2100 KINGS HWY S1051	1.3 STREET ADDRESS	2925 Magdalina Dr.	
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	Punta Gorda, F. 33950	
TITLE	PD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SMITH, PHYLLIS	2.2 NAME	Frank Kavanaugh	
STREET ADDRESS	1750 JAMAICA WAY #112	2.3 STREET ADDRESS	3306 Antiquia Dr.	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
TITLE	T	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BLAIR, JOHN M.	3.2 NAME	Mike Moody	
STREET ADDRESS	1780 DEBORAH DR. #28	3.3 STREET ADDRESS	4810 Deltona Dr.	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, Fl 33950	
TITLE	S	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CASTRO, JANET	4.2 NAME	Audrey Jewell	
STREET ADDRESS	2925 MAGDALINA DR	4.3 STREET ADDRESS	5046 LaCosta Island Cir.	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
TITLE	VD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LACEY, MAGGIE	5.2 NAME	Lorraine Blair	
STREET ADDRESS	19171 PUNTA GORDA CT	5.3 STREET ADDRESS	1780 Deborah Dr.	
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
TITLE	D	6.1 TITLE	T	☐ Change ☒ Addition
NAME	KAVANAUGH, FRANK, DR.	6.2 NAME	Ruth Schoner	
STREET ADDRESS	3306 ANTIQUA DR	6.3 STREET ADDRESS	25188 Marion Ave. Unit #101	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Schoner, Treas. Ruth Schoner 2/10/95 813-637-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017881