

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/27/1975

3a. Date of Last Report

02/22/1995

4. FEI Number

59-1604449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CASTRO, JANET**
STREET ADDRESS **2925 MAGDALINA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

11 TITLE **P** ☐ Change ☐ Addition
12 NAME **JEWELL, AUDREY**
13 STREET ADDRESS **5046 LaCosta Island Cir.**
14 CITY-ST-ZIP **Punta Gorda, Fl.**

TITLE **VP** ☐ DELETE
NAME **KAVANAUGH, FRANK**
STREET ADDRESS **3306 ANTIQUIA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

21 TITLE **VP** ☐ Change ☐ Addition
22 NAME **MOODY, MIKE**
23 STREET ADDRESS **4810 Deltona Dr.**
24 CITY-ST-ZIP **Punta Gorda, Fl.**

TITLE **D** ☐ DELETE
NAME **MOODY, MIKE**
STREET ADDRESS **4810 DELTONA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

31 TITLE **VP** ☐ Change ☐ Addition
32 NAME **LORRAINE BLAIR**
33 STREET ADDRESS **1780 Deborah Dr. #28**
34 CITY-ST-ZIP **Punta Gorda, Fl.**

TITLE **D** ☐ DELETE
NAME **JEWELL, AUDREY**
STREET ADDRESS **5046 LACOSTA ISLAND CIR**
CITY-ST-ZIP **PUNTA GORDA FL**

41 TITLE **D** ☐ Change ☐ Addition
42 NAME **KAVANAUGH, FRANK**
43 STREET ADDRESS **3306 Antiquia Dr**
44 CITY-ST-ZIP **Punta Gorda, Fl.**

TITLE **D** ☐ DELETE
NAME **BLAIR, LORRAINE**
STREET ADDRESS **1780 DEBORAH DR**
CITY-ST-ZIP **PUNTA GORDA FL**

51 TITLE **D** ☐ Change ☐ Addition
52 NAME **MAVIS ENGLISH**
53 STREET ADDRESS **25188 Marion Av. #F-101**
54 CITY-ST-ZIP **Punta Gorda, Fl.**

TITLE **T** ☐ DELETE
NAME **SCHONER, RUTH**
STREET ADDRESS **25188 MARION AVE., UNIT 101**
CITY-ST-ZIP **PUNTA GORDA FL**

61 TITLE **T** ☐ Change ☐ Addition
62 NAME **SCHONER, RUTH**
63 STREET ADDRESS **25188 Marion Av. #E-101**
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Schoner

2/15/96

941 637-9005

CR2E037 (12/95)