

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3395075 TAYLOR STREET
PUNTA GORDA FL 33950-36503. Date Incorporated or Qualified
02/27/19753a. Date of Last Report
02/19/19964. FEI Number
59-1604449Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	CASTRO, JANET	
STREET ADDRESS	2925 MAGDALINA DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KAVANAUGH, FRANK	
STREET ADDRESS	3306 ANTIQUA DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOODY, MIKE	
STREET ADDRESS	4810 DELTONA DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEWELL, AUDREY	
STREET ADDRESS	5046 LACOSTA ISLAND CIR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, LORRAINE	
STREET ADDRESS	1780 DEBORAH DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHONER, RUTH	
STREET ADDRESS	25188 MARION AVE., UNIT 101	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	DIRECTOR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASTRO, JANET	
1.3 STREET ADDRESS	2925 MAGDALINA DR.	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL	
2.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WARD COMSTOCK	
2.3 STREET ADDRESS	3306 BRENTWOOD CT	
2.4 CITY-ST-ZIP	PUNTA GORDA FL	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Same	
3.4 CITY-ST-ZIP		
4.1 TITLE	PRESIDENT V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEWELL AUDREY	
4.3 STREET ADDRESS	5046 LACOSTA IS. CIR	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL	
5.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDNA OLSEN	
5.3 STREET ADDRESS	25188 MARION AV D409	
5.4 CITY-ST-ZIP	PUNTA GORDA,	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 SIGNED Schoner 2-4-97 941-637-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone

CR2E037 (9/96)