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Mar 03 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

02/27/1975

4. FEI Number

59-1604449

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 ☐ DELETE

NAME **SEC**
CASTRO, JANET
STREET ADDRESS **2925 MAGDALINA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME **COMSTOCK, WARD**
STREET ADDRESS **3306 BRENTWOOD CT**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME **1ST VP**
MOODY, MIKE
STREET ADDRESS **4810 DELTONA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME **PAST PRES**
JEWELL, AUDREY
STREET ADDRESS **5046 LACOSTA ISLAND CIR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

NAME **D**
OLSEN, EDNA
STREET ADDRESS **25188 MARION AVE D409**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER ☐ Change ☐ Addition

Shumaker, Janice

180 Cousley Dr

Port Charlotte FL 33952

☐ Change ☐ Addition

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14. I 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: **Janice Shumaker** **2-24-98** **941-7439348**

CR2E037 (10/97)