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

APPROVED AND FILED

'95 MAR -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759249 (6)

1. Corporation Name

WEST CHARLOTTE COUNTY CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ELIZABETH GETZ 2121 MICHIGAN AVE. ENGLEWOOD FL 34224-5428	C/O ELIZABETH GETZ 2121 MICHIGAN AVE. ENGLEWOOD FL 34224-5428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1981
3a. Date of Last Report: 03/30/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

GETZ, ELIZABETH
2121 MICHIGAN AVE.
ENGLEWOOD FL

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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	COY, WILLARD	1.2 NAME	DE GIORGIO, ROCCO	
STREET ADDRESS	244 MARK TWAIN LN	1.3 STREET ADDRESS	PO BOX 86 N/A	
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34295	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	DE GIORGIO, ROCCO	2.2 NAME	O'CONNELL, LAURENCE	
STREET ADDRESS	PO BOX 86 N/A	2.3 STREET ADDRESS	10309 WILLIS AVE	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WOELFFER, MIKE	3.2 NAME		
STREET ADDRESS	1285 HOLIDAY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	GETZ, ELIZABETH	4.2 NAME		
STREET ADDRESS	2121 MICHIGAN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGELWOOD FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, RICHARD W	5.2 NAME		
STREET ADDRESS	1435 LEMON BAY DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Richard W. Parsons — Feb. 28, 1995 — 813-474-4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD W. PARSONS

0002050