

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 # **759249** (6)

1. Corporation Name

WEST CHARLOTTE COUNTY CIVIC ASSOCIATION, INC.



Principal Place of Business

**C/O ELIZABETH GETZ
2121 MICHIGAN AVE.
ENGLEWOOD FL 34224-5428**

Mailing Address

**C/O ELIZABETH GETZ
2121 MICHIGAN AVE.
ENGLEWOOD FL 34224-5428**

3. Date Incorporated or Qualified
07/21/1981

3a. Date of Last Report
03/06/1995

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

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
NOT APPLICABLE

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

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

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 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

TITLE **P** ☒ DELETE

NAME **DEGIORGIO, ROCCO**
STREET ADDRESS **PO BOX 86 N/A**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **VP** ☒ DELETE

NAME **O'CONNELL, LAURENCE**
STREET ADDRESS **10309 WILLIS AVE**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☒ DELETE

NAME **WOELFFER, MIKE**
STREET ADDRESS **1285 HOLIDAY DR**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **SD** ☐ DELETE

NAME **GETZ, ELIZABETH**
STREET ADDRESS **2121 MICHIGAN AVE**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **TD** ☐ DELETE

NAME **PARSONS, RICHARD W**
STREET ADDRESS **1435 LEMON BAY DR**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **COY, WILLARD**
1.3 STREET ADDRESS **244 MARK TWAIN LANE**

1.4 CITY-ST-ZIP **ROTONDA WEST FL 33947**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **ANN MERCER**
2.3 STREET ADDRESS **1990 ILLINOIS AVE**

2.4 CITY-ST-ZIP **ENGLEWOOD FL 34224**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **100001733681**
4.4 CITY-ST-ZIP **-03/06/96--01025--012**
*****61.25**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

Richard W. Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 27, 1996 *941-474-4207*
Date Daytime Phone

CR2E037 (12/95)