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Apr 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

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

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

3. Date Incorporated or Qualified

07/21/1981

4. FEI Number

NOT APPLICABLE

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GETZ, ELIZABETH
2121 MICHIGAN AVE.
ENGLEWOOD FL**

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 **PD** ☐ DELETE
NAME **COY, WILLARD**
STREET ADDRESS **244 MARK TWAIN LANE**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **VPD** ☒ DELETE
NAME **MERCER, ANN**
STREET ADDRESS **1990 ILLINOIS AVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **O'Connell, Laurence**
2.4 CITY-ST-ZIP **16309 Willing AVE**
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
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ASD**
5.3 STREET ADDRESS **MERCER, ANN**
5.4 CITY-ST-ZIP **1990 Illinois AVE**
Englewood, FL 34224

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Richard W. Parsons** **RICHARD W. PARSONS**

3/31/98

941-474-4207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)