

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # 759249

1. Entity Name

WEST CHARLOTTE COUNTY CIVIC ASSOCIATION, INC.



Principal Place of Business

C/O RICHARD W. PARSONS
1435 LEMON BAY DR.
ENGLEWOOD FL 34223-4221
US

Mailing Address

C/O RICHARD W. PARSONS
1435 LEMON BAY DR.
ENGLEWOOD FL 34223-4221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, RICHARD W
1435 LEMON BAY DR.
ENGLEWOOD FL 34223-4221

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COY, WILLARD	
STREET ADDRESS	244 MARK TWAIN LANE	
CITY- ST- ZIP	ROTONDA WEST FL 33947	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS G	
STREET ADDRESS	1936 GEORGIA AVE.	
CITY- ST- ZIP	ENGLEWOOD FL 34224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARSONS, RICHARD W	
STREET ADDRESS	1435 LEMON BAY DR	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGARRY, BERNICE	
STREET ADDRESS	8378 PARKSIDE DR.	
CITY- ST- ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000284117
04/01/05-80053-010 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard W. Parsons

RICHARD W. PARSONS

3/26/05

941-474-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #