

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90135 016 ****61.25

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

4. FEI Number **NOT 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **POST, MYRON**
STREET ADDRESS **10552 A-YEAR RD**
CITY-ST-ZIP **PORT CHARLOTTE-FL-33981**

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **MOORE, THOMAS G**
CITY-ST-ZIP **1936 GEORGIA AVE.**
ENGLEWOOD, FL 34224

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MCGARRY, BERNICE**
STREET ADDRESS **8378 PARKSIDE DR.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8378 PARKSIDE DR.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: **Richard W. Parsons** **RICHARD W. PARSONS** 3/6/03 941-474-4207

CR2E037 (10/02)