2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90226 033 ****61.25

DOCUMENT # 759622

1. Entity Name
CHARLOTTE COUNTY CHAPTER NO. P-06 OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBE

Principal Place of Business	Mailing Address
736 DOBEL TERRACE NW PORT CHARLOTTE, FL 33948-3713 US	736 DOBEL TERRACE PORT CHARLOTTE, FL 33948-3713 US

01062006 Chg-NP CR2E037 (11/05)

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 59-2175800 ☐ 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
LIECHTY, HERSCHEL H T 2821 CORAL WAY PUNTA GORDA, FL 33950	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

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, EDMUND MR 736 DOBEL TERRACE NW PORT CHARLOTTE, FL 339483713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSEY, RICHARD 22375 EDGEWATER DR #132 PORT CHARLOTTE, FL 33980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICHARD CUNNINGHAM 24531 DOLPHIN COVE DR. PUNTA GORDA, FL 33955-1883 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAULT, FREDERICK 27110 JONES LOOP RD #173 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LEON RESER JR 118 BUNKER RD ROTONDA WEST, FL 33947-2121 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLS, EDWARD 2100 NUREMBERG BLVD PUNTA GORDA, FL 33983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GLENN FERRIS 582 ANDORA DR. PUNTA GORDA, FL 33950 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIECHTY, HERSCHEL H 2821 CORAL WAY PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GERALD 27110 JONES LOOP ROAD #185 PUNTA GORDA, FL 33982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GARY BRANCH 5556 HOLIDAY PARK BLVD. NORTH PORT, FL 34287 ☒ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Herschel H Liechty 1/14/06 (941) 639-0929
HERSCHEL H LIECHTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #