

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759622

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** CHARLOTTE COUNTY CHAPTER NO. P-06 OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER SHOP QUARTET SINGING IN AMERICA (SPEB SQSA), INC.

**Current Principal Place of Business:**

2821 CORAL WAY  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

2821 CORAL WAY  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 59-2175800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIECHTY, HERSCHEL H T  
2821 CORAL WAY  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GAULT, FREDERICK  
Address: 27110 JONES LOOP ROAD, #173  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D ( ) Delete  
Name: BURR, ROBERT  
Address: 2116 ONONDAGA LN  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D ( ) Delete  
Name: RESER, LEON JR.  
Address: 118 BUNKER RD  
City-St-Zip: ROTONDA WEST, FL 339472121 US

Title: S ( ) Delete  
Name: FERRIS, GLENN  
Address: 582 ANDORA DR.  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T ( ) Delete  
Name: LIECHTY, HERSCHEL H  
Address: 2821 CORAL WAY  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Delete  
Name: BRANCH, GARY  
Address: 5556 HOLIDAY PARK BLVD.  
City-St-Zip: NORTH PORT, FL 34287 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRONKWRIGHT, JACK  
Address: 166 BUCKEYE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERSCHEL H LIECHTY

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date