## **FILE NOW: FILING FEE IS \$61.25** NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

Principal Place of Business

766739

(7)

Mailing Address

## CHARLOTTE HARBOR ROTARY FOUNDATION, INC.

252 W. MARION AVE.

109 HIBISCUS DRIVE

PUNTA GORDA FL 33950

PUNTA GORDA FL

GOVER, CHRIS

SOLINSKI, MANO

PUNTA GORDA FL

21253 COVINGTON

6117 ELLIOT STREET

MUNHOLAND, DENNIS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

P.O. BOX 991 PUNTA GORDA FL 83951-0391		P.O. BOX 391 PUNTA GORDA FL 33951-0391							
						3. Date Incorporated or Qualified 01/27/1983	3a. (	Date of Las 04/24/	
Principal Place of Business     1		2a. Mailing Address 26 P.O. Box 510391			4. FEI Number 59-2274640				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		· ·	5 Additional Required	
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Zip 24	Country 25	Zip <b>29</b>	30 Co	untry	USA	This corporation has liability for Florida Statutes	or Intangib Yes		or s. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New I	Registere	d Agent	
JOHNSON, LEONARD M 252 WEST MARION AVENUE PUNTA GORDA FL 33950				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83					
PONIA	GORDA FL SSSSO			84	City		F	<b>85</b> Z	ip Code
11. Pursuani office or agent. I	t to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Sta ite of Florida. Such change wa igations of, Section 617.0503,	tutes, the a is authorize Florida Sta	bov d b	e-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby acc	purpose ept the ap	of changing opointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (f	NOTE: Register	ed Ap	eni signature	required when re-instaling)	DATE		
12.	OFFICERS A	IND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS At	ND DIRECT	ORS IN 12
TITLE	<b>f</b>	DELETE	1.1 7	ITLE	T	S		X Chang	ge 🔲 Addition
NAME	MONCK, RON		1.2 N	IAME					
STREET ADDRESS	1433 KENSINGTON		1.3 8	TREET	ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 (	1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1 1	ITLE		PD		X Chang	ge 🔲 Addition
NAME	LISBY, DREW		2.2 N	IAME					
STREET ADDRESS			2.3 9	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.41	2. 4 CITY-ST-ZIP					
TITLE	D	DELETE	3.1 T	ITLE		D		Chang	ge 🗶 Addition
NAME	JOHNSON, LEONARD		3.2 A	IAME		Wartar Matrin			

PORT CHARLOTTE FL CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 truspee ergo wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Blook 12 or Block 13 if changed, or op an attachmen

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

X DELETE

DELETE

511 Bobcat Ct.

<u>Punta Gorda,</u>

Change

Addition

Addition

Addition

33982

FILED

Jun 13 1997 8:00am

Secretary of State