


FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766739** (7)  
1. Corporation Name  
**CHARLOTTE HARBOR ROTARY FOUNDATION, INC.**



Principal Place of Business P.O. BOX 510391 PUNTA GORDA FL 33951-0391	Mailing Address P.O. BOX 510391 PUNTA GORDA FL 33951-0391
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3. Date Incorporated or Qualified <b>01/27/1983</b>	4. FEI Number <b>59-2274640</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>Charlotte Harbor Yacht Club</b> Suite, Apt. #, etc. 22 <b>4400 LISTEN STREET</b> City & State 23 <b>Port Charlotte FL</b> Zip 24 <b>33952</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>Charlotte</b> Country 29 30
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JOHNSON, LEONARD M**  
**252 WEST MARION AVENUE**  
**PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
81 Name **RUSSELL KIRSHY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**201 WEST MARION AVE**  
83  
84 City **PUNTA GORDA** FL 85 Zip Code **33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **RUSSELL KIRSHY** *Russell Kirshy* DATE **1/19/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MONCK, RON</b>
STREET ADDRESS	<b>1433 KENSINGTON</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LISBY, DREW</b>
STREET ADDRESS	<b>827 W. PALM AVE.</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, LEONARD</b>
STREET ADDRESS	<b>252 W. MARION AVE.</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GOVER, CHRIS</b>
STREET ADDRESS	<b>109 HIBISCUS DRIVE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SOLINSKI, MANO</b>
STREET ADDRESS	<b>8117 ELLIOT STREET</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MUNHOLAND, DENNIS</b>
STREET ADDRESS	<b>21253 COVINGTON</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WAYNE SALLADE</b>
1.3 STREET ADDRESS	<b>1239 SALTERS STREET</b>
1.4 CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
2.1 TITLE	<b>SECRETARY - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>WALLY ICHELLER</b>
2.3 STREET ADDRESS	<b>123 SMALL STREET</b>
2.4 CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
3.1 TITLE	<b>TREASURER - D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MELVIN J WEXLER</b>
3.3 STREET ADDRESS	<b>511 BOBCAT COURT</b>
3.4 CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>
4.1 TITLE	<b>D - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LEN TERRELL</b>
6.3 STREET ADDRESS	<b>12645 S.W. KINGWAY CIRCLE</b>
6.4 CITY-ST-ZIP	<b>LAKE SUZY FL 33466</b>

14. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *W. J. Wexler* DATE **1/19/98** (941) **575-2100**

CR2E037 (10/97)