


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90866 050 ****61.25

DOCUMENT # 770462					
1. Entity Name OLD PUNTA GORDA, INC.					
Principal Place of Business 118 SULLIVAN ST PUNTA GORDA, FL 33950 US			Mailing Address P.O. BOX 510595 PUNTA GORDA, FL 33951-0595 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2361235	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASSIDY, JOANN 624 TRABUE AVENUE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, DAVID		NAME	Mitchem, Julie	
STREET ADDRESS	610 PALM AVE		STREET ADDRESS	544 W. VINGI NG ST	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY ST ZIP	Punta Gorda FL 33950	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISBY, NANCY		NAME		
STREET ADDRESS	527 W PALM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, FRAN		NAME		
STREET ADDRESS	1512 RIO DE JANEIRO		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY ST ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WROBBEL, HELEN		NAME		
STREET ADDRESS	8030 RIVERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT		NAME		
STREET ADDRESS	320 SHREVE STREET		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY ST ZIP		
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: <i>Julie Mitchell</i>			Date: 4/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		