


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 015 ****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 118 Sullivan St | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Punta Gorda | | | |
| City & State | | City & State FL | | | |
| Zip | Country | Zip 33950 | Country USA | 4. FEI Number 59-2361235 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CASSIDY, JOANN 624 TRABUE AVENUE PUNTA GORDA, FL 33950 | | | | 7. Name and Address of New Registered Agent Name Julie Mitchem / Treas. Street Address (P.O. Box Number is Not Acceptable) 118 Sullivan St City Punta Gorda FL Zip Code 33950 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P LISBY, NANCY 527 W PALM AVENUE PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secy Linda Wilson 118 Sullivan Punta Gorda FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CAMPBELL, FRAN 1512 RIO DE JANEIRO PUNTA GORDA, FL 33983 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Audrey Muccio 118 Sullivan St Punta Gorda FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WROBBEL, HELEN 8030 RIVERSIDE DR PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARKER, ROBERT 320 SHREVE STREET PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MITCHEM, JULIE 524 W. VIRGINIA ST PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: <u>Nancy L. Lisby</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 4/25/08 Daytime Phone # 941-639-1887 | | | | | |