

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90204 001 ***61.25

DOCUMENT # N00000002077

1. Entity Name
21ST CENTURY CHALLENGE OF CHARLOTTE COUNTY, INC.



Principal Place of Business
**252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

Mailing Address
**252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

2. Principal Place of Business

225 W. Virginia Ave.
Suite, Apt. #, etc.

3. Mailing Address

225 W. Virginia Ave.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number **65-1001551**

Applied For
☐ Not Applicable

Zip
33950

Country

Zip
33950

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, REXFORD R CPA
252 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
225 W. Virginia Ave.

City

Punta Gorda

FL

Zip

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOCH, REXFORD R CPA**
STREET ADDRESS **252 WEST OLYMPIA AVENUE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Delete
NAME **SCHLICHTER, ROBERT E**
STREET ADDRESS **25188 MARION AVE #E-402**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Delete
NAME **SWEENEY, JAMES M**
STREET ADDRESS **512 E GRACE ST.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ Delete
NAME **THOMAS, RON**
STREET ADDRESS **PO BOX 6028**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949-6028**

TITLE **D** ☐ Delete
NAME **WILMAN, PAULA M**
STREET ADDRESS **PO BOX 2467**
CITY-ST-ZIP **PORT CHARLOTTE FL 33949-2467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **225 W. Virginia Ave.**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **SIGNATURE REXFORD R. Koch Director 4/30/03**

CR2E037 (10/02)