

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003160

1. Entity Name
FRIENDS OF CHARLOTTE HARBOR ESTUARY, INC.



Principal Place of Business
**223 TAYLOR ST
PUNTA GORDA, FL 33950**

Mailing Address
**223 TAYLOR ST
PUNTA GORDA, FL 33950**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1027666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HIXSON, TERRY F
STREET ADDRESS	27526 TIERRA DEL FUEGO CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33983

TITLE	VD
NAME	HIGBY, EDWARD J
STREET ADDRESS	223 TAYLOR ST
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	SD
NAME	WOTITZKY, EDWARD L
STREET ADDRESS	223 TAYLOR ST
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	TD
NAME	CHEATHAM, ALTON L
STREET ADDRESS	10941 BURNT STORE ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80033-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

Edward L. Wotitzky

1/9/04

(941) 639-2171