


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 012 ****61.25

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| DOCUMENT # N00000003160 |  |
| 1. Entity Name FRIENDS OF CHARLOTTE HARBOR ESTUARY, INC. | |

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| Principal Place of Business 223 TAYLOR ST PUNTA GORDA, FL 33950 | Mailing Address 223 TAYLOR ST PUNTA GORDA, FL 33950 |
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20063433

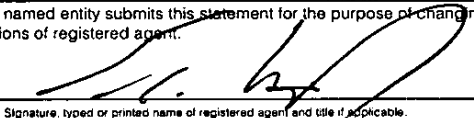


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| 2. Principal Place of Business 109 Taylor Street Suite, Apt. #, etc. Suite 112 City & State Punta Gorda, FL Zip 33950 Country USA | 3. Mailing Address 109 Taylor Street Suite, Apt. #, etc. Suite 112 City & State Punta Gorda, FL Zip 33950 Country USA |
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06302005 Chg-NP CR2E037 (10/03)

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| 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 | | |
| 7. Name and Address of New Registered Agent Name Wotitzky, Edward L. Street Address (P.O. Box Number is Not Acceptable) 109 Taylor Street - Suite 112 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  DATE **7/11/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Filing Fee is \$61.25 Due by September 7, 2005 | 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 | VD HIXSON, TERRY F 27526 TIERRA DEL FUEGO CIRCLE PUNTA GORDA, FL 33983 <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 | VD HIGBY, EDWARD J 223 TAYLOR ST PUNTA GORDA, FL 33950 <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 | SD WOTITZKY, EDWARD L 223 TAYLOR ST PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Edward L. Wotitzky 109 Taylor Street - Suite 112 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHEATHAM, ALTON L 10941 BURNT STORE ROAD PUNTA GORDA, FL 33955 <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 | <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 | <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 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:  DATE **7/11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #