


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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

Principal Place of Business 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950 US	Mailing Address 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950 US
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01052006 No Chg-NP CR2E037 (11/05)

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
109 TAYLOR STREET
SUITE 112
PUNTA GORDA, FL 33950**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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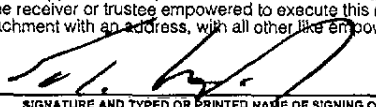
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIXSON, TERRY F 27526 TIERRA DEL FUEGO CIRCLE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGBY, EDWARD J 223 TAYLOR ST PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOTITZKY, EDWARD L 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEATHAM, ALTON L 10941 BURNT STORE ROAD PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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.

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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:  **1/6/06** **(941) 635-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #