

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90221 039 ****61.25

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| DOCUMENT # N01000000606 | | | | | |
| 1. Entity Name CHARLOTTE PERFORMING ARTS CENTER SOCIETY, INC. | | | | | |
| Principal Place of Business C/O REXFORD R. KOCH, CPA 252 W. OLYMPIA AVENUE PUNTA GORDA, FL 33950 | | | Mailing Address C/O REXFORD R. KOCH, CPA 252 W. 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. | | |
| City & State Punta Gorda FL Zip 33950 Country US | | City & State Punta Gorda FL Zip 33950 Country US | | 4. FEI Number 41-2044053 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent KOCH, REXFORD 225 W. VIRGINIA AVE. 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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 PD NAME KLEIN, DAVID M MD STREET ADDRESS 713 E. MARION AVENUE #204 CITY-ST-ZIP PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME GATEFF, ANN K STREET ADDRESS 27406 MISTY AVENUE CITY-ST-ZIP PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME DRYBURGH, BILL STREET ADDRESS 101 TAYLOR STREET CITY-ST-ZIP PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME KOCH, REXFORD R CPA STREET ADDRESS 225 W. VIRGINIA AVE. CITY-ST-ZIP 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 | <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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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