

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 047 ****61.25

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| DOCUMENT # N01000002684 | | | |
| 1. Entity Name PUNTA GORDA HOUSING AUTHORITY RESIDENT COUNCIL, INC. | | | |
| Principal Place of Business 420 MYRTLE ST PUNTA GORDA, FL 33950 | | Mailing Address 402 E. MARION AVE. B-15 PUNTA GORDA, FL 33950 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| Zip | | Country | |
| 6. Name and Address of Current Registered Agent FARINO, JEAN 420 MYRTLE ST. PUNTA GORDA, FL 33951 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <u>Jean Farino Executive/Director</u> <u>3/9/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 MYERS, PATRICIA T STREET ADDRESS 406 E. CHARLOTTE 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 VD NAME BETTMAN, DIANNE STREET ADDRESS 730 HAZEL ST #4 CITY-ST-ZIP PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | TITLE VD NAME Hamilton, Valerie STREET ADDRESS 416 Myrtle St. #1 CITY-ST-ZIP Punta Gorda, FL. 33950 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME GISEL, CARMONA STREET ADDRESS 412 E CHARLOTTE AVE CITY-ST-ZIP PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | TITLE SD NAME Myers, Patrice STREET ADDRESS 406 E. Charlotte Ave CITY-ST-ZIP Punta Gorda, FL. 33950 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE TD NAME NOBLE, VINCENT STREET ADDRESS 402 E. MARION AVE. CITY-ST-ZIP PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | TITLE TD NAME Cannady, Martha STREET ADDRESS 732 Hazel St. #2 CITY-ST-ZIP Punta Gorda, FL. 33950 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME O'BRISKI, JOSEPHINE STREET ADDRESS 734 HAZEL ST. 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 D NAME Bettmann, Diane STREET ADDRESS 730 Hazel St. #4 CITY-ST-ZIP Punta Gorda, FL. 33950 | <input checked="" 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: <u>Patricia Myers President</u> <u>3/9/04</u> (941)639-4344 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |