

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90032 001 ****61.25

DOCUMENT # N02000000763					
1. Entity Name CHARLOTTE COUNTY GENEALOGICAL SOCIETY, INC.					
Principal Place of Business PO BOX 494707 PORT CHARLOTTE, FL 33949-4707			Mailing Address PO BOX 494707 PORT CHARLOTTE, FL 33949-4707		
2. Principal Place of Business		3. Mailing Address		50007834	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 01-0613084	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RYDER, JOANNE D 26128 DUNEDIN CT PUNTA GORDA, FL 33983				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 _____ <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 May 1, 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 RYDER, THOMAS N STREET ADDRESS 26128 DUNEDIN COURT CITY-ST-ZIP PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		TITLE PD NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WARTER, SALLY T STREET ADDRESS 2846 THIGPEN RD SW CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Dawn Thurlow STREET ADDRESS 501 Marlin Drive CITY-ST-ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HOLLOWAY, JOANNA STREET ADDRESS 3422 MAGNOLIA WAY CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Arthur Haug STREET ADDRESS 25188 E. Marion Ave. A106 CITY-ST-ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME VANNIEUWENHUYZEN, ELLEN STREET ADDRESS 1481 RED OAK LN CITY-ST-ZIP PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE SD NAME Sylvia Falber STREET ADDRESS 25464 Arreguipa Drive CITY-ST-ZIP Punta Gorda, FL 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HARVEY, LEONARD STREET ADDRESS 19385 WATER OAK DR #206 CITY-ST-ZIP PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE TD NAME James Maloney STREET ADDRESS 1515 Forest Nelson Blvd, Unit 101 CITY-ST-ZIP Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RYDER, JOANNE D STREET ADDRESS 26128 DUNEDIN CT CITY-ST-ZIP PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		TITLE D 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: <u>Thomas N. Ryder</u> <u>THOMAS N. RYDER</u> <u>JAN 13, 2005</u> <u>941-625-6443</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					