


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90078 006 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122007 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0613084				Applied For Not Applicable	
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		
MALONEY, JAMES J 1515 FORREST NELSON BLVD. A 101 PORT CHARLOTTE, FL 33952			Name <u>LAWRENCE HURLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1412 WALBERG ST.</u> City <u>NORTH PORT</u> <u>FL</u> Zip Code <u>34228</u>		
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>Lawrence Hurley</u>			DATE <u>1-17-07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, JAMES J PD		NAME	Lawrence Hurley	
STREET ADDRESS	1515 FORREST NELSON BLVD. A 101		STREET ADDRESS	1412 Walberg St.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	North Port, FL 34228	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLESHMAN, BARBARA A VD		NAME		
STREET ADDRESS	15550 BURNT STORE ROAD #46		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	G/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, JEANNETTE T SD		NAME	Judith Narutowicz	
STREET ADDRESS	1196 LYLE STREET		STREET ADDRESS	183 Maria Ct.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUG, ARTHUR J TD		NAME	Barbara E. Powell	
STREET ADDRESS	25188 E. MARION AVE. A 106		STREET ADDRESS	1836 Birmingham Blvd.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Port Charlotte, FL 33980-5500	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, LAWRENCE D		NAME	James Maloney	
STREET ADDRESS	736 ELLICOTT CIRCLE		STREET ADDRESS	1515 Forrest Nelson Blvd, A101	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JR, JAMES E D		NAME	Derra Gene Dudley	
STREET ADDRESS	25189 ZODIAC LANE		STREET ADDRESS	465 Belvedere Ct	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	Punta Gorda, FL 33950	
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: <u>Barbara E. Powell</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>BARBARA E. POWELL</u>		
			Date <u>1-17-07</u> Daytime Phone # <u>941-629-2344</u>		