


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000763</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0613084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HURLEY, LAWRENCE  
1412 WALBERG ST  
NORTH PORT, FL 34228

**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HURLEY, LAWRENCE 1412 WALBERG ST NORTH PORT, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLESHMAN, BARBARA A VD 15550 BURNT STORE ROAD #46 PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NARUTOURICZ, JUDITH 183 MARIA CT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD POWELL, BARBARA E 1836 BIRMINGHAM BLVD PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALONEY, JAMES 1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUDLEY, DEVA 465 BELVEDERE CT. PUNTA GORDA, FL 33950

U000000795888  
01/29/08-80010-009 61.25

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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:** *Lawrence Hurley* **1-16-08** **941-257-0512**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #