

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000763

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: CHARLOTTE COUNTY GENEALOGICAL SOCIETY, INC.

## Current Principal Place of Business:

15550 BURNT STORE ROAD  
#46  
PUNTA GORDA, FL 33955 US

## New Principal Place of Business:

1053 LIVE OAK CIRCLE  
PORT CHARLOTTE, FL 33948 US

## Current Mailing Address:

P.O. BOX 494707  
PORT CHARLOTTE, FL 339494707 US

## New Mailing Address:

FEI Number: 01-0613084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLESHMAN, BARBARA  
15550 BURNT STORE ROAD  
#46  
PUNTA GORDA, FL 33955 US

## Name and Address of New Registered Agent:

MCINTYRE, JULIA  
1053 LIVE OAK CIRCLE  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: JULIA MCINTYRE

01/05/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: MCINTYRE, JULIA  
Address: 1053 LIVE OAK CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VPD  
Name: FELBER, MATHIAS  
Address: 25464 AREQUIPA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: VPD  
Name: CHAPMAN, ANNE  
Address: 1230 SEA BREEZE COURT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TD  
Name: POWELL, BARBARA  
Address: 239 ROSEMARY ST  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: SD  
Name: WILLIAMS, SHARRON  
Address: 170 ANNAPOLIS LANE  
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: D  
Name: FLESHMAN, BARBARA  
Address: 15550 BURNT STORE ROAD #46  
City-St-Zip: PUNTA GORDA, FL 33955 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIA MCINTYRE

PD

01/05/2012

Electronic Signature of Signing Officer or Director

Date