

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90017 023 \*\*\*\*70.00

**DOCUMENT # N02000001129**

1. Entity Name  
**THE EXECUTIVE NETWORK OF CHARLOTTE COUNTY, INC.**



Principal Place of Business  
P.O. BOX 495182  
PORT CHARLOTTE, FL 33949-5182

Mailing Address  
P.O. BOX 495182  
PORT CHARLOTTE, FL 33949-5182

**50007628**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
65-1152262

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKART, ROBERT  
5271 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

Name **MARALYN BELLIVEAU**

Street Address (P.O. Box Number is Not Acceptable)  
**20020 VETERANS BOULEVARD #25**

City **PORT CHARLOTTE**

**FL**

Zip Code  
**33954**

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. **MARALYN J. Belliveau**

SIGNATURE

*Marilyn J. Belliveau Pres.*

**3/23/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete  
NAME **BURKART, ROBERT**  
STREET ADDRESS **5271 WHITE IBIS DRIVE**  
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **P** ☒ Change ☐ Addition  
NAME **MARALYN BELLIVEAU**  
STREET ADDRESS **20020 VETERANS BOULEVARD #25**  
CITY-ST-ZIP **PORT CHARLOTTE, FLORIDA 33954**

TITLE **VP** ☐ Delete  
NAME **BELLIVEAU, MARALYN**  
STREET ADDRESS **20020 VETERANS BOULEVARD #25**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE **V-P** ☒ Change ☐ Addition  
NAME **BARBARA WINKLER**  
STREET ADDRESS **23080 HARBORVIEW ROAD**  
CITY-ST-ZIP **PORT CHARLOTTE, FLORIDA 33980**

TITLE **DT** ☐ Delete  
NAME **GRILO, PHYLLIS**  
STREET ADDRESS **2103 HYATT DRIVE**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **T** ☒ Change ☐ Addition  
NAME **LUCILLE WELCHMAN**  
STREET ADDRESS **2465 TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE, FLORIDA 33948**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **NANCY F. PADGETT**  
STREET ADDRESS **3712 TRIPOLI BOULEVARD**  
CITY-ST-ZIP **PUNTA GORDA, FLORIDA 33956**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Nancy F. Padgett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**NANCY F. PADGETT**

**3/23/06**

**941-206-2035**