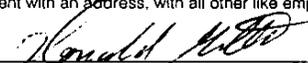


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90059 016 \*\*\*\*61.25

<b>DOCUMENT # N02000001129</b>					
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		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELLIVEAU, MARALYN 20020 VETERANS BLVD. #25 PORT CHARLOTTE, FL 33954				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, BARBARA		NAME	Winkler, Barbara	
STREET ADDRESS	23080 HARBORVIEW RD		STREET ADDRESS	23080 Harborview Rd	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	Port Charlotte, FL 33980	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIVEAU, MARALYN		NAME		
STREET ADDRESS	20020 VETERANS BOULEVARD #25		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCHMAN, LUCILLE		NAME	Gillis, Ronald	
STREET ADDRESS	2465 TAMIAMI TRAIL		STREET ADDRESS	PO Box 380842 Mandeville	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	Murdoch, FL 33538-0842	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, NANCY F		NAME		
STREET ADDRESS	3712 TRIPOLI BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 5/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40117271



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1152262 Applied For Not Applicable

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