

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90028 046 ****61.25

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1. Entity Name
ENTERPRISE CHARLOTTE FOUNDATION, INC.



Principal Place of Business
18501 MURDOCK CIR., SUITE 502
PORT CHARLOTTE, FL 33948-1039

Mailing Address
18501 MURDOCK CIR., SUITE 502
PORT CHARLOTTE, FL 33948-1039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
71-0878942

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

WILLIAMS, BETTY H
18501 MURDOCK CIR., SUITE 502
PORT CHARLOTTE, FL 33948-1039

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

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

(NOTE: Registered Agent signature required when renewing)

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 DP ☐ Delete
NAME PRESLEY, BRIAN
STREET ADDRESS 35600 BERMONT ROAD
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE D ☐ Change ☒ Addition
NAME Donald Ashley
STREET ADDRESS 366 E Olympia Avenue
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE DV ☒ Delete
NAME GRANT, MICHAEL
STREET ADDRESS 22093 KIMBLE AVENUE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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

TITLE DS ☐ Delete
NAME WILLIAMS, BETTY H
STREET ADDRESS 18501 MURDOCK CIR., SUITE 502
CITY-ST-ZIP PORT CHARLOTTE, FL 339481039

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

TITLE DV ☐ Delete
NAME RICE, THOMAS
STREET ADDRESS 21298 OLEAN BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33949

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

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: Betty H. Williams 2/6/06 941-627-3023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #