2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005504

FILED Jan 10, 2009 Secretary of State

Entity Name: CHARLOTTE COUNTY COMPUTER GROUP CORPORATION

Current Principal Place of Business: New Principal Place of Business: 2280 AARON ST PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 2280 AARON ST PORT CHARLOTTE, FL 33952 FEI Number: 05-0528272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMATTEO, LOUIS DEMATTEO, LOUIS C TREASUR 2280 AARON ST. 2280 AARON ST. PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 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: LOUIS C DEMATTEO 01/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BLATT, BILL VANOSDOL, LARRY Name: Name: 2280 AARON ST Address: 2280 AARON ST Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: Title: () Delete () Change () Addition DEMATTEO, LOUIS Name: Name: Address: 2280 AARON ST Address: PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition RIST, LYDIA Name: Name: 2280 AARON ST Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition Name: VANOSDOL, LARRY Name: NIXON, HAROLD Address: 2280 AARON ST Address: 2280 AARON ST City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: () Change () Addition RUGGIERI, TONI Name: Name: 2280 AARON ST Address: Address: PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition PILCH, YVETTE Name: Name: 2280 AARON ST. Address: Address: PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS C DEMATTEO T 01/10/2009