2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# N03000004701

Entity Name: PORT CHARLOTTE CARNIVAL ASSOCIATION, INC.

Current Principal Place of Business:

830 CONREID DRIVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

830 CONREID DRIVE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 33-1055400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, AMOS A
830 CONREID DRIVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

DELORES, WAUL B
C/O 830 CONREID DRIVE
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: DELORES B. WAUL 03/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MILLER, AMOS S
Address: 830 CONREID DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD ( ) Delete
Name: BIDASEE, SONNY
Address: 355 LINDON STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete
Name: DESILVA, HILLARY
Address: 21881 BEVERLY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete
Name: KERR, JEAN A
Address: 17449 CLOVER AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete
Name: BAKSH, SAM
Address: 23454 PEACHLAND BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DELORES, WAUL B
Address: 20033 ISOBAR AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VPD (X) Change ( ) Addition
Name: AMOS, MILLER S
Address: 830 CONREID DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change ( ) Addition
Name: DESILVA, HILLARY
Address: 2511 LUTHER ROAD
City-St-Zip: PUNTA GORDA, FL 33983

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DELORES B. WAUL DP 03/16/2007
Electronic Signature of Signing Officer or Director Date