SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: [illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:09

DOCUMENT # N03759 (0)

1. Corporation Name

CHARLOTTE COUNTY JUNIOR DEPUTY LEAGUE, INC.

Principal Place of Business	Mailing Address
2615-E TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US	P.O. BOX 445 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3334 MIDDLETOWN ST.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PT CHARLOTTE FL	City & State 28
Zip 24 33952 / Country 25 CHARLOTTE	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/19/1964
3a. Date of Last Report: 10/27/1994
4. FEI Number: 03-0000806 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAHL JAMES H 232 E TARPON BLVD P.O. BOX 445 PORT CHARLOTTE FL 33952	81 Name: MARYRITA REILLY 82 Street Address (P.O. Box Number is Not Acceptable): 3334 MIDDLETOWN ST 83 84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Maryrita Reilly* — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE *6/14/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	P D ☒ Change ☐ Addition
NAME	NAHL, JAMES H	12 NAME	FRANK REISINGER
STREET ADDRESS	232 E TARPON	13 STREET ADDRESS	2341 TALBROOK TER.
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	HARBOUR HEIGHTS, FL 33983
TITLE	DS	21 TITLE	T D ☐ Change ☒ Addition
NAME	PABON, JERRY	22 NAME	LYNN FULLER
STREET ADDRESS	232 SHORELAND STREET	23 STREET ADDRESS	25431 TEVESINE CT.
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	CD	31 TITLE	D ☐ Change ☒ Addition
NAME	JACOBS, JAMES	32 NAME	SHARON REISINGER
STREET ADDRESS	187 SAPADILLO STREET	33 STREET ADDRESS	2341 TALBROOK TER
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	HARBOUR HEIGHTS, FL 33983
TITLE	D	41 TITLE	V ☒ Change ☐ Addition
NAME	SAPP, GLENN	42 NAME	JERRY PABON
STREET ADDRESS	30 SLEEPY HOLLOW LANE	43 STREET ADDRESS	232 SHORELAND ST
CITY-ST-ZIP	SWANNANOA NC	44 CITY-ST-ZIP	PORT CHARLOTTE FL 33954
TITLE	D	51 TITLE	S ☒ Change ☐ Addition
NAME	MAGANIELLO, JAMES	52 NAME	MARYRITA REILLY
STREET ADDRESS	2284 HAYWORTH ROAD	53 STREET ADDRESS	3334 MIDDLETOWN ST
CITY-ST-ZIP	PORT CHARLOTTE FL	54 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	RIELLY, MARRY RITA	62 NAME	BRIAN HARRISON
STREET ADDRESS	315 MIDDLETOWN ROAD	63 STREET ADDRESS	27140 PARTIN DR
CITY-ST-ZIP	PORT CHARLOTTE FL	64 CITY-ST-ZIP	PUNTA GORDA 33950

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Reisinger Frank Reisinger* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date *6-14-95* — Daytime Phone # *637-2252*

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