

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004339

FILED
May 19, 2006
Secretary of State

Entity Name: CULTURAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

2280 AARON STREET
PORT CHARLOTTE, FL 33949

New Principal Place of Business:

2280 AARON STREET
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2280 AARON STREET
PORT CHARLOTTE, FL 33949

New Mailing Address:

PO BOX 495129
PORT CHARLOTTE, FL 33949

FEI Number: 20-3836952 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, PHILLIP J
18501 MURDOCK CIRCLE 6TH FLOOR
PORT CHARLOTTE, FL 33949 US

Name and Address of New Registered Agent:

POWELL, DAVID
1043 TROPICAL AVE
PORT CHARLOTTE, FL 33948 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: DAVID POWELL

05/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWELL, DAVID
Address: 1043 TROPICAL AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: LYNCH, ROBERT C
Address: 245 LIDO DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: LAZZELL, RUFUS C
Address: 1600 MONTIA COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: SWING, ANNE DR
Address: 24010 HARBORVIEW RD
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D () Delete
Name: WILSON, MICHAEL
Address: 1393 MOHAWK DR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: HAGEMAN, JAMES
Address: 3300 LOVELAND BLVD UNIT 3101
City-St-Zip: PORT CHARLOTTE, FL 33980

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: DAVID POWELL

D

05/19/2006

Electronic Signature of Signing Officer or Director

Date