2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# N04000007401

Entity Name: CHARLOTTE COUNTY MULTI-CULTURAL, INC.

Current Principal Place of Business:

2314 GIMLET ST
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

2314 GIMLET ST
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 81-0654355 **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:

CLERMONT, ELSIE
2314 GIMLET ST
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLERMONT, ELSIE
Address: 2314 GIMLET ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete
Name: CLERMONT, JEAN R
Address: 2314 GIMLET ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T ( ) Delete
Name: JOSEPH, JEAN R
Address: 1112 SW EMBERS TERR
City-St-Zip: CAPE CORAL, FL 33991

Title: S ( ) Delete
Name: CLERMONT, SAMANTHA
Address: 2314 GIMLET ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PR ( ) Delete
Name: JITTA, NIRMILLA
Address: 1442 STRASBERG DR
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELSIE CLERMONT PRES 09/01/2005

Electronic Signature of Signing Officer or Director — Date