


# 2006, NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/10/2006-90002-015-\$70.00-\$70.00

APPROVED  
AND

06 SEP 19 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000007469</b> 1. Entity Name <b>CHICO'S CHARITIES, INC.</b>					
Principal Place of Business <b>11215 METRO PARKWAY FT. MYERS, FL 33912</b>			Mailing Address <b>11215 METRO PARKWAY FT. MYERS, FL 33912</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>RHODES, A. ALEXANDER 11215 METRO PARKWAY FT. MYERS, FL 33912</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D EDMONDS, SCOTT A</b> <b>11215 METRO PARKWAY</b> <b>FT. MYERS, FL 33912</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D SMITH, F. MICHAEL</b> <b>11215 METRO PARKWAY</b> <b>FT. MYERS, FL 33912</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST- ZIP			<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
8/1/06 <small>Date</small>				239.274.477 <small>Telephone #</small>	

9/2/06