

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 30, 2007
Secretary of State

DOCUMENT# N05000007633

Entity Name: CHARLOTTE COUNTY YOUNG PROFESSIONALS, INC.**Current Principal Place of Business:**C/O MICHAEL NEUFELD
4711 GREENBRIAR DRIVE
PUNTA GORDA, FL 33982 US**New Principal Place of Business:**311 RETTA ESPLANADE
PUNTA GORDA, FL 33950 US**Current Mailing Address:**C/O JILL C. MCCRORY
99 NESBIT STREET
PUNTA GORDA, FL 33950 US**New Mailing Address:****FEI Number:** 65-1256219**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCCRORY, JILL C
99 NESBIT STREET
PUNTA GORDA, FL 33950 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:** PD () Delete
Name: FIGUEREDO, MARK
Address: P.O. BOX 380321
City-St-Zip: MURDOCK, FL 33983 US**Title:** VPD () Delete
Name: PRESSELLER, JULIA
Address: 23461 HARPER AVENUE
City-St-Zip: CHARLOTTE HARBOR, FL 33980 US**Title:** SD () Delete
Name: NEUFELD, MICHAEL
Address: 4711 GREENBRIAR DRIVE
City-St-Zip: PUNTA GORDA, FL 33982 US**Title:** TD () Delete
Name: FIGUEREDO, GINA
Address: P.O. BOX 380321
City-St-Zip: MURDOCK, FL 33983 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: CALVINO, STACY
Address: 25096 MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: DE FILIPPIS, MATTHEW
Address: 2905 WABASH TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33954 US**Title:** TD (X) Change () Addition
Name: BETTENCOURT, JENNIFER
Address: 4392-A SIBLEY BAY STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

I hereby certify that the information supplied with this filing does not qualify 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: STACY CALVINO

PD

08/30/2007

Electronic Signature of Signing Officer or Director

Date