

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007633

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: CHARLOTTE COUNTY YOUNG PROFESSIONALS, INC.

## Current Principal Place of Business:

311 RETTA ESPLANADE  
PUNTA GORDA, FL 33950 US

## New Principal Place of Business:

## Current Mailing Address:

C/O JILL C. MCCRORY  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

## New Mailing Address:

C/O JILL C. MCCRORY  
331 SULLIVAN STREET  
PUNTA GORDA, FL 33950 US

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:

MCCRORY, JILL C  
331 SULLIVAN STREET  
PUNTA GORDA, FL 33950 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: JILL C. MCCRORY

02/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CALVINO, STACY  
Address: 25096 MARION AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VPD ( ) Delete  
Name: PRESSELLER, JULIA  
Address: 23461 HARPER AVENUE  
City-St-Zip: CHARLOTTE HARBOR, FL 33980 US

Title: SD (X) Delete  
Name: DE FILIPPIS, MATTHEW  
Address: 2905 WABASH TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: TD (X) Delete  
Name: BETTENCOURT, JENNIFER  
Address: 4392-A SIBLEY BAY STREET  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: VPD (X) Delete  
Name: NEUFELD, MICHAEL  
Address: 2150 TAMiami TRAIL, #  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: NEUFELD, MICHAEL  
Address: 27239 ADAMS STREET  
City-St-Zip: PUNTA GORDA, FL 33983 US

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 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

02/09/2009

Electronic Signature of Signing Officer or Director

Date