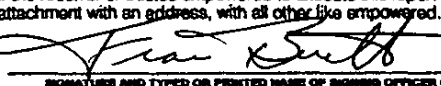


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 032 ****61.25

DOCUMENT # N05000007766 1. Entity Name CHARLOTTE COUNTY USBC WBA INC.					
Principal Place of Business 3313 GRAND VISTA CT UNIT 102 PORT CHARLOTTE, FL 33953-4637			Mailing Address 3313 GRAND VISTA CT UNIT 102 PORT CHARLOTTE, FL 33953-4637		
2. Principal Place of Business 2495 Ivanhoe Street Suite, Apt. #, etc.		3. Mailing Address 2495 Ivanhoe Street Suite, Apt. #, etc.			
City & State Port Charlotte, FL		City & State Port Charlotte, FL		4. FEI Number 57-0187429	
Zip 33952		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUETTNER, FRANCES B 4637 DAKOTA TERR NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUETTNER, FRANCES B 4637 DAKOTA TERR NORTH PORT, FL 34286 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOBST, TINA M 2495 IVANHOE ST PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREZISE, VENITA 25447 TEVESINE CT PORT CHARLOTTE, FL 33983 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, CHRISTINE 8004 RIVERSIDE DR PUNTA GORDA, FL 33982 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, MARION V 2486 CARING WAY #10A PORT CHARLOTTE, FL 33952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHON, ARDITH L 902 NW TARPON BLVD PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JUDITH G 3256 WHITE IBIS CT #425 PUNTA GORDA, FL 33950 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUSAR, KARI 21500 EDGEWATER DR PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUSAR, KAREN F 21500 EDGEWATER DR PORT CHARLOTTE, FL 33952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLES, CONNIE W PO BOX 588 ARCADIA, FL 34265 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KIMBERLY A 21891 CELLINI AVE PORT CHARLOTTE, FL 33952 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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.					
SIGNATURE:  1/16/06 941-426-0971 Date Daytime Phone #					