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	Mailing Address
3313 GRAND VISTA CT UNIT 102 PORT CHARLOTTE, FL 33953-4637	3313 GRAND VISTA CT UNIT 102 PORT CHARLOTTE, FL 33953-4637

2. Principal Place of Business	3. Mailing Address
2495 Ivanhoe Street	2495 Ivanhoe Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country:	Zip: 33952 Country:

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number: 51-0187429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUETTNER, FRANCES B 4637 DAKOTA TERR NORTH PORT, FL 34286	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 _____ DATE
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	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	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	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	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	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		☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #