

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005470

FILED  
Jan 16, 2007  
Secretary of State

**Entity Name:** PORT CHARLOTTE PIRATES SWIM CLUB INC.

**Current Principal Place of Business:**

233 ROCKWOOD STREET  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

233 ROCKWOOD STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-4917618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139 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: D ( ) Delete  
Name: GOSSETT, WALTER  
Address: 233 ROCKWOOD STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: GOSSETT, SHERRY  
Address: 233 ROCKWOOD STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: NOLAND, WILLIAM  
Address: 233 ROCKWOOD STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WALTER GOSSETT

D

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date