

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90332 028 ****61.25

66013424



DOCUMENT # N06000006051.					
1. Entity Name NAMI CHARLOTTE COUNTY, INC.					
Principal Place of Business 19425 WATER OAK DR., STE. 304 PT. CHARLOTTE, FL 33948			Mailing Address P.O. BOX 494117 PT. CHARLOTTE, FL 33949-4177		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2065068	
6. Name and Address of Current Registered Agent ROMILLO, ANA M. 2120 LUCKY ST. PT. CHARLOTTE, FL 33948				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HANNERS, NATALIE 182 GULFVIEW RD. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, CONNIE 96 TORRINGTON ST. PT. CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YURCHUK, ELSIE 1554 KENNEDY ST PORT CHARLOTTE FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILIOU, PASCALE 19325 WATER OAK DR., STE. 304 PT. CHARLOTTE, FL 33948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, MARTHA 1051 FORREST NELSON BLVD. PT. CHARLOTTE, FL 330521183 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D REYBURN, KARI 3200 MATOCUMBE KEY RD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTEY, HELEN 290 GASTIN ST. PT. CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LESLIE 302 CAPATOLA PORT CHARLOTTE FL 33948 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMILLO, ANA M. 2120 LUCKY ST. PT. CHARLOTTE, FL 33948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>A. Romillo</i> ANA M. ROMILLO, TREASURER April 13, 2007			941-626-5046		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

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N06000006051



2500 HARBOR BOULEVARD,
PORT CHARLOTTE, FLORIDA 33952
TEL: 941.766.4122 • FAX: 941.766.4140
WWW.PEACERIVERREGIONAL.COM

We are sorry. we neglected to
show our FEIN on original
submission.

/s/ Ron. Lee
Ann M. Roanick

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT

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#NO6000000051

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|||||

Date of this notice: 06-19-2006

Employer Identification Number:
34-2065068

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

NAMI CHARLOTTE COUNTY
% PASCALE ILIOU
PO BOX 494177
PRT CHARLOTTE FL 33949

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 34-2065068. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

ATTACHMENT

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#106000006057

NAMI CHARLOTTE COUNTY, INC.
P.O. BOX 494177
PORT CHARLOTTE, FL 33949-4177

63-1322/631
34012

1017

DATE April 15, 2007

PAY TO THE ORDER OF FROM DA Department of State \$ 61 ²⁵/₁₀₀

Sixty one Dollars and 25/100 DOLLARS



COLONIAL BANK, N.A.

Punta Gorda, Florida
24 Hr Colonial Connection 1-877-502-2265

FOR 2007 Nat. For-Proprietor Corp. Annual Report

1/ [Signature] Pascali

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