

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90155 034 \*\*\*\*61.25

**DOCUMENT # N07000002318**

1. Entity Name  
**ENTERPRISE PUNTA GORDA, INC.**



4

Principal Place of Business  
**326 WEST MARION AVENUE  
PUNTA GORDA, FL 33950**

Mailing Address  
**326 WEST MARION AVENUE  
PUNTA GORDA, FL 33950**

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

04232008 Chg-NP

CR2E037 (12/06)

4. FEI Number  
**64-0952140**

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

**THOMAS, RON W  
326 WEST MARION AVENUE  
PUNTA GORDA, FL 33950**

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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
WILLIAMS, BETTY H  
18501 MURDOCK CIRCLE, SUITE 502  
MURDOCK, FL 33948** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
MATHIS, JULIE  
311 WEST RETTA ESPLANADE  
PUNTA GORDA, FL 33950** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
WRIGHT, JOHN R  
7353 SOUTH PLUM TREE  
PUNTA GORDA, FL 33955** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
KUNIK, HOWARD  
250 DURRANCE STREET  
PUNTA GORDA, FL 33950** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
[Blank]  
[Blank]  
[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
[Blank]  
[Blank]  
[Blank]** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
Brenda Lynch  
3830 Bermudact.  
Punta Gorda, FL 33950** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
Marilyn Smith-Mooney  
654 Andros Ct.  
Punta Gorda, FL 33950** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
Becky Boveil  
18501 Murdock Circle  
Pt. Charlotte, FL 33948** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
Tom Kerr  
1355 Willett Ct.  
Punta Gorda, FL 33950** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
Don Root  
18501 Murdock Circle  
Pt. Charlotte, FL 33948** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
[Blank]  
[Blank]  
[Blank]** ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brenda J. Lynch**

**4/24/2008**

Daytime Phone #

**941-639-0888**