FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N08357 (8)

1. Corporation Name

ECONOMIC DEVELOPMENT COUNCIL OF CHARLOTTE COUNTY , FLORIDA, INC.

Principal Place of Business	Mailing Address
2702 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	2702 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 03/25/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2538146 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

WILLIS, PEGGY A
2702 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WISHARD, BILL	12 NAME	JANET JONES	
STREET ADDRESS	272 E VIRGINIA AVE	13 STREET ADDRESS	1785 McCALL RD	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	JONES, JANET	22 NAME	PETER C. TAYLOR	
STREET ADDRESS	3195 TAMIAMI TRL	23 STREET ADDRESS	315 E. OLYMPIA AVE.	
CITY-ST-ZIP	PT CHARLOTTE FL	24 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	S	31 TITLE	D	☐ Change ☐ Addition
NAME	HAMLIN, KAY	32 NAME	HAMLIN, KAY	
STREET ADDRESS	2000 RIO DE JANERO DR	33 STREET ADDRESS	2000 Rio de JANERIO	
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP	PUNTA GORDA, FL	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	WEST, GALE	42 NAME	Bill GATES	
STREET ADDRESS	2500 HARBOR BLVD	43 STREET ADDRESS	630 WOODBURY DR.	
CITY-ST-ZIP	PT.CHARLOTTE FL	44 CITY-ST-ZIP	Pt. Charlotte, FL 33954	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	WILLIS, PEGGY A	52 NAME	Willis, Peggy A	
STREET ADDRESS	2702 TAMIAMI TRL	53 STREET ADDRESS	2702 TAMIAMI TR.	
CITY-ST-ZIP	PT CHARLOTTE FL	54 CITY-ST-ZIP	Pt. Charlotte, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/3/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy A. Willis Peggy A. Willis 3/17/95 813-627-3023
SIGNATURE OF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017317