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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N08357 (8)

1. Corporation Name

ECONOMIC DEVELOPMENT COUNCIL OF CHARLOTTE COUNTY
FLORIDA, INC.

Principal Place of Business

2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5129



3. Date Incorporated or Qualified
03/25/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, PEGGY A
2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Peggy A. Willis*
Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME JONES, JANET
STREET ADDRESS 1785 MCCALL RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME William E. BATES
1.3 STREET ADDRESS 630 WOODBURY DR.
1.4 CITY-ST-ZIP Pt. Charlotte, FL 33952

TITLE V ☒ DELETE
NAME TAYLOR, PETER C
STREET ADDRESS 315 E. OLYMPIA AVE.
CITY-ST-ZIP PUNTA GORDA FL

2.1 TITLE ~~Richard M. Emch~~ ☒ Change ☐ Addition
2.2 NAME Richard M. Emch
2.3 STREET ADDRESS 18501 MURDOCK Cir.
2.4 CITY-ST-ZIP Pt. Charlotte, FL 33948

TITLE T ☒ DELETE
NAME RICH EMCH
STREET ADDRESS 18501 MURDOCK CIRCLE
CITY-ST-ZIP PT CHARLOTTE FL

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME COLLETTE M. Tomlinson
3.3 STREET ADDRESS 314 Taylor St.
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☒ DELETE
NAME BATES, BILL
STREET ADDRESS 630 WOODBURY DR.
CITY-ST-ZIP PT. CHARLOTTE FL

4.1 TITLE SEC ☒ Change ☐ Addition
4.2 NAME LINDA PIZARRO
4.3 STREET ADDRESS 3320 LOVELAND BLVD
4.4 CITY-ST-ZIP Pt. Charlotte, FL 33952

TITLE D ☐ DELETE
NAME WILLIS, PEGGY A
STREET ADDRESS 2702 TAMiami TRL
CITY-ST-ZIP PT CHARLOTTE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/26/97

944-627-3023

Date

Daytime Phone # 0067747

CR2E037 (9/96)