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Feb 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

03/25/1985

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 941-C TAMiami Tr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PT. CHARLOTTE

28 City & State

PT. CHARLOTTE

24 Zip

33953

Country

25 Charlotte

29 Zip

30 Country

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

81 Name PEGGY A. Willis

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

941-C TAMiami TR.

83 H. CHARLOTTE

84 City

FL

85 Zip Code

33953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME EMCH, RICHARD M
STREET ADDRESS 18501 MURDOCK CIR
CITY-ST-ZIP PT CHARLOTTE FL

TITLE T ☐ DELETE

NAME TOMLINSON, COLLETE M
STREET ADDRESS 314 TAYLOR ST
CITY-ST-ZIP PUNTA GORDA FL

TITLE S ☐ DELETE

NAME PIZARRO, LINDA
STREET ADDRESS 3320 LOVELAND BLVD
CITY-ST-ZIP PT CHARLOTTE FL

TITLE PD ☐ DELETE

NAME BATES, WILLIAM E
STREET ADDRESS 630 WOODBURY DR.
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE D ☐ DELETE

NAME WILLIS, PEGGY A
STREET ADDRESS 2702 TAMiami TRAIL
CITY-ST-ZIP PT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Signature of Registered Agent

D.

1/14/98

941-627-3023

CR2E037 (10/97)