

FILE NOW: FILING FEE IS \$61.25

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N23511

(1)

1. Corporation Name

CHARLOTTE COUNTY TAX WATCH, INC.



Principal Place of Business

PO BOX 2821  
PORT CHARLOTTE FL 33949

Mailing Address

PO BOX 2821  
PORT CHARLOTTE FL 33949

3. Date Incorporated or Qualified  
11/18/1987

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

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

SOBELMAN, SEMME Z.  
2466 NEWBURY STREET  
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

*Semme Z. Sobelman*  
Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BEAGLE, JOHN S.  
STREET ADDRESS 380 CAPRI ISLES CT.  
CITY - ST - ZIP PUNTA GORDA FL

TITLE D ☐ DELETE  
NAME SOBELMAN, SID  
STREET ADDRESS 663 NEWBURY ST.  
CITY - ST - ZIP PORT CHARLOTTE FL

TITLE VD ☒ DELETE  
NAME ~~SEILER, DONALD~~  
STREET ADDRESS ~~719 BAYARD ST~~  
CITY - ST - ZIP ~~PT CHARLOTTE FL~~

TITLE P ☐ DELETE  
NAME MCCRILLIS, CARL  
STREET ADDRESS 750 DELRAY PLACE  
CITY - ST - ZIP PUNTA GORDA FL

TITLE S ☐ DELETE  
NAME MCCRILLIS, RENEE  
STREET ADDRESS 750 DELRAY PLACE  
CITY - ST - ZIP PUNTA GORDA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE VD ☐ Change ☒ Addition  
32 NAME FRANCISCO TORRE, SR.  
33 STREET ADDRESS 1419 KINDER COURT  
34 CITY - ST - ZIP PUNTA GORDA, FL 33983

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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)(k), 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:

*Sidney Sobelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 21, 1996 941-743-2311  
Date Daytime Phone #

CR2E037 (12/95)