

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24328** (9)

1. Corporation Name
CHARLOTTE HARBOR CHAPTER OF NSPI, INC.



Principal Place of Business: **POST OFFICE BOX 508 PUNTA GORDA FL 33950**
Mailing Address: **POST OFFICE BOX 508 PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **01/13/1988**
3a. Date of Last Report: **07/27/1995**

21. Principal Place of Business 245 Wilmers Rd.	2a. Mailing Address P. O. Box 508	4. FEI Number 65-0127624	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Punta Gorda, FL	28. City & State Punta Gorda, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33982	25. Country Charlotte	29. Zip 33951	30. Country Charlotte
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCCLARY, JAMES P 558 SOUTH OSPREY AVE. SARASOTA FL 34236-7525		10. Name and Address of New Registered Agent			
81. Name David L. Smith	82. Street Address (P.O. Box Number is Not Acceptable) 245 Wilmers Rd.				
83.					
84. City Punta Gorda	FL	85. Zip Code 33982			

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *David L. Smith* **David L. Smith, Executive Director** 1/30/96
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	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PERKINS, CLES		1.2 NAME: Perkins, Clesson	
STREET ADDRESS: 1496 STAMFORD ST.		1.3 STREET ADDRESS: 1496 Stamford ST.	
CITY-ST-ZIP: PT. CHARLOTTE FL 33952		1.4 CITY-ST-ZIP: Port Charlotte, FL 33952	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GUILFORD, TERRY		2.2 NAME: Barbara A. Barone	
STREET ADDRESS: 2123 AARON ST.		2.3 STREET ADDRESS: 1492 Market Circle	
CITY-ST-ZIP: PT. CHARLOTTE FL 33952		2.4 CITY-ST-ZIP: Port Charlotte, FL 33953	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALLBRIGHT, AGGIE		3.2 NAME:	
STREET ADDRESS: 21524 DOBBINS ST.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: PT. CHARLOTTE FL 33954		3.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONOVAN, JAMIE		4.2 NAME:	
STREET ADDRESS: 4380 TAMAMI TRAIL		4.3 STREET ADDRESS:	
CITY-ST-ZIP: CHARLOTTE HARBOR FL 33980		4.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCTIQUE, COLIN		5.2 NAME: McTigue, Colin	
STREET ADDRESS: 1264 MARKET CIRCLE		5.3 STREET ADDRESS: 1264 Market Circle	
CITY-ST-ZIP: PT. CHARLOTTE FL 33848		5.4 CITY-ST-ZIP: Port Charlotte, FL 33948	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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: *Colin T. McTigue* **Colin T. McTigue, President** Feb. 14, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)