

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24328 (9)**  
1. Corporation Name  
**CHARLOTTE HARBOR CHAPTER OF NSPI, INC.**



Principal Place of Business <b>245 WILMERS RD. PUNTA GORDA FL 33982 US</b>	Mailing Address <b>PO BOX 510508 PUNTA GORDA FL 33951-0508 US</b>
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3. Date Incorporated or Qualified <b>01/13/1988</b>		
4. FEI Number <b>65-0127624</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21 258 Bangsberg Rd. SE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 258 Bangsberg Rd. SE</b> Suite, Apt. #, etc.
City & State <b>23 Port Charlotte, FL</b>	City & State <b>27 Port Charlotte, FL</b>
Zip <b>24 33952</b>	Country <b>25 USA</b>
Zip <b>29 33952</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent  
**SMITH, DAVID L  
245 WILMERS RD.  
PUNTA GORDA FL 33982**

10. Name and Address of New Registered Agent

81 Name <b>Brooks, Mitchell T.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>258 Bangsberg Rd. SE</b>	
83	
84 City <b>Port Charlotte FL</b>	85 Zip Code <b>33952</b>

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 Mitchell T. Brooks **Mitchell T. Brooks** **3/16/98**  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERKINS, CLESSON</b>	
STREET ADDRESS	<b>18380 PAULSON DR</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33952</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARONE, BARBARA A</b>	
STREET ADDRESS	<b>PO BOX 380575 N/A</b>	
CITY-ST-ZIP	<b>MURDOCK FL 33938-0575</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLBRIGHT, AGGIE</b>	
STREET ADDRESS	<b>21524 DOBBINS ST.</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33954</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTERS, WALTER</b>	
STREET ADDRESS	<b>1580 MARKET CIRCLE UNIT 1</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCTIQUE, COLIN</b>	
STREET ADDRESS	<b>1264 MARKET CIRCLE</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33953</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLNEY, BONNIE</b>	
STREET ADDRESS	<b>1212 ENTERPRISE DRIVE, UNIT 5A</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Huber, Kathie</b>	
1.3 STREET ADDRESS	<b>2322 Kennedy Drive</b>	
1.4 CITY-ST-ZIP	<b>Venice, FL 34292</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara A. Barone **Barbara A. Barone President 941-629-7005**

CR2E037 (10/97)