


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90061 029 \*\*\*\*61.25

**DOCUMENT # N24328**  
1. Entity Name  
**CHARLOTTE HARBOR CHAPTER OF NSPI, INC.**



Principal Place of Business      Mailing Address  
**258 BANGSBERG RD SE**      **258 BANGSBERG RD SE**  
**PT CHARLOTTE FL 33952**      **PT CHARLOTTE FL 33952**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**2811 Tamiami Tr**      **2811 Tamiami Tr**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**D**      **D**

City & State      City & State  
**Pt Charlotte FL**      **Pt Charlotte FL**  
Zip      Country      Zip      Country  
**33952**      **USA**      **33952**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0127624**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**BROOKS, MITCHELL T**  
**258 BANGSBERG RD SE**  
**PT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution.            Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</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>D</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>19800 VETERANS HWY</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33954</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>HUBER, KATHIE</b>
STREET ADDRESS	<b>120 A RICH STREET</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>ABER, JEFF</b>
STREET ADDRESS	<b>P.O. BOX 494771</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-4771</b>
TITLE	<b>FD</b> <input type="checkbox"/> Delete
NAME	<b>TERHUNE, FRED</b>
STREET ADDRESS	<b>4288 PINNACLE ST</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33980</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mctique, Colin</b>
STREET ADDRESS	<b>19800 Veterans Hwy</b>
CITY-ST-ZIP	<b>Port Charlotte FL 33954</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Huber, Kathie</b>
STREET ADDRESS	<b>120 A Rich St.</b>
CITY-ST-ZIP	<b>Venice, FL 34292</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hendrickson, Gary</b>
STREET ADDRESS	<b>PO Box 21419</b>
CITY-ST-ZIP	<b>Sarasota, FL 34276</b>
TITLE	<b>DDCC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Coccaro, Pete</b>
STREET ADDRESS	<b>18300 Paulson Dr.</b>
CITY-ST-ZIP	<b>Port Charlotte FL 33954</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **REQUIRED**

CR2E037 (10/02)

REF.	DATE	NAME OR PROJECT	ATTACHMENT	DETAILS OF MEETING - AGREEMENTS - DECISIONS		TIME	
						HRS.	1/10
1							
2			Additional Directors				
3							
4	D	Baublitz, Sam					
5		4507 9th St. West, Suite I-8					
6		Bradenton, FL 34207					
7							
8	D	Jemison Shelly					
9		26246 Barcelos Court					
10		Punta Gorda, FL 33983					
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