

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25027** (6)

1. Corporation Name

CHARLOTTE PORCELAIN ARTISTS, INC.



Principal Place of Business 1315 AEGEAN COURT PORT CHARLOTTE FL 33983	Mailing Address 1315 AEGEAN COURT PORT CHARLOTTE FL 33983
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3. Date Incorporated or Qualified

02/25/1988

4. FEI Number

59-2106573

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEARLOVE, MARION
1315 AEGEAN COURT
PORT CHARLOTTE FL 33983**

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

Marion Dearlove

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HELEN ANDERSON	
STREET ADDRESS	3048 SEAFARER DR.	
CITY-ST-ZIP	HABOR HEIGHTS FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carol Boulanger	
1.3 STREET ADDRESS	216 Corumba St.	
1.4 CITY-ST-ZIP	Port Charlotte FL 33983	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, BETTY	
STREET ADDRESS	14520 ARMADO STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEARLOVE, MARION	
STREET ADDRESS	1315 AEGEAN COURT	
CITY-ST-ZIP	PORT CHARLOTTE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DORIS EGAN	
STREET ADDRESS	7067 MIFFLIN ST.	
CITY-ST-ZIP	ENGLEWOOD FL	

4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Florence Seier	
4.3 STREET ADDRESS	76 MacCabe St.	
4.4 CITY-ST-ZIP	Port Charlotte FL 33953	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

Marion Dearlove

3/23/98 941-627-3195

CR2E037 (1097)