

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:56

DOCUMENT # **N35837** (6)

1. Corporation Name
PUNTA GORDA-PORT CHARLOTTE ASSOCIATION OF REALTORS COMMUNITY ASSISTANCE FUND, INC.

Principal Place of Business Mailing Address
2200 KINGS HWY 2200 KINGS HWY
3J 3J
PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/27/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2172679** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
HACKETT, JACK O., II
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PED
NAME	PERRAULT, BILL
STREET ADDRESS	1934 TAMiami TR
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	PIZARRO, LINDA
STREET ADDRESS	2200 KINGS HWY 3J
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	PD
NAME	POWELL, DAVE
STREET ADDRESS	1200 W RETTA ESPLANADE
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	D
NAME	BISHOP-WILSON, LINDA
STREET ADDRESS	4301 SIBLEY BAY STREET
CITY - ST - ZIP	CHARLOTTE HARBOR FL
TITLE	D
NAME	SHAYMAN, PHILIP
STREET ADDRESS	1931 TAMiami TRL
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	S
NAME	ROBINSON, GAIL
STREET ADDRESS	128 NESBIT STREET
CITY - ST - ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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: Linda Pizarro 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #