CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N37189 (0)

1. Corporation Name

CHARLOTTE HARBOR EARTH 90 TASK FORCE, INC.

Principal Place of Business	Mailing Address
%HAROLD R DEJAGER 2101 BAYOU ROAD PUNTA GORDA FL 33950	%HAROLD R DEJAGER 2101 BAYOU ROAD PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0191261 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEJAGER, HAROLD R
2101 BAYOU ROAD
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 _____ DATE
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	11 TITLE	VICE PRES/DIR	☑ Change ☐ Addition
NAME	CAMERON, DONALD	12 NAME		
STREET ADDRESS	34951 WASHINGTON LOOP RD	13 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FLANDERS, JEFFERSON	22 NAME		
STREET ADDRESS	131 SEVILLE PALCE	23 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SEC/DIR	☑ Change ☐ Addition
NAME	DUPERAULT, JOY	32 NAME	ROBERT LYNCH	
STREET ADDRESS	300 DALTON BLVD	33 STREET ADDRESS	246 LIDO DRIVE	
CITY-ST-ZIP	PT CHARLOTTE FL	34 CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DEJAGER, HAROLD R	42 NAME		
STREET ADDRESS	2101 BAYOU ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	PRES/DIR	☐ Change ☑ Addition
NAME		52 NAME	BRENDA STARR	
STREET ADDRESS		53 STREET ADDRESS	6125 McKEE ST.	
CITY-ST-ZIP		54 CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Harold R DeJager HAROLD R DEJAGER 03-25-95 813-639-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081136