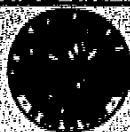


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 10:51

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEJAGER, HAROLD R
2101 BAYOU ROAD
PUNTA GORDA FL 33950**

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

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	PD
NAME	CAMERON, DONALD
STREET ADDRESS	34951 WASHINGTON LOOP RD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	VD
NAME	FLANDERS, JEFFERSON
STREET ADDRESS	131 SEVILLE PALCE
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	SD
NAME	DUPERAULT, JOY
STREET ADDRESS	300 DALTON BLVD
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	TD
NAME	DEJAGER, HAROLD R
STREET ADDRESS	2101 BAYOU ROAD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRES/DIR	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SEC/DIR	☒ Change ☐ Addition
32 NAME	ROBERT LYNCH	
33 STREET ADDRESS	245 LINDO DRIVE	
34 CITY - ST - ZIP	PUNTA GORDA FL 33950	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	PRES/DIR	☐ Change ☒ Addition
52 NAME	BRENDA STARR	
53 STREET ADDRESS	6125 MCKEE ST.	
54 CITY - ST - ZIP	PORT CHARLOTTE FL	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 03-25-95 813-639-8493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR