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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37519** (8)

1. Corporation Name

CHARLOTTE COUNTY WOODCARVERS CLUB, INC.



Principal Place of Business

Mailing Address

% MARCIA SCHUMAN
1118 TREASURE CAY COURT
PUNTA GORDA ISLES FL 33950

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1118 TREASURE CAY COURT
PUNTA GORDA ISLES FL 33950

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **BAY FRONT CENTER** 26 **20161 MT PROSPECT AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **250 W. RETTA ESPLANADE** 27 **LOW J. M. CORMICK**

City & State

City & State

23 **PUNTA GORDA FL** 28 **PORT CHARLOTTE FL**

Zip

Country

Zip

Country

24 **33950** 25 **CHARLOTTE** 29 **33950** 30 **CHARLOTTE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUMAN, MARCIA
1118 TREASURE CAY COURT
PUNTA GORDA ISLES FL 33950

81 Name **WARREN J M CORMICK**

82 Street Address (P.O. Box Number is Not Acceptable)
20161 MOUNT PROSPECT AVE

83

84 City **PORT CHARLOTTE** FL 85 Zip Code **33950**

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 16 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SCHUMAN, MARCIA**
STREET ADDRESS **1118 TREASURE CAY COURT**
CITY - ST - ZIP **PUNTA GORDA ISLES FL 33950**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **STEWART, GEORGE**
STREET ADDRESS **1098 RIO DE JANERIO AVE. #N**
CITY - ST - ZIP **PR CHARLOTTE FL 33983**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **WOOD, ALLAN**
STREET ADDRESS **6216 CERES STREET**
CITY - ST - ZIP **ENGLEWOOD FL 34224-9786**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Jan 16, 1996** **941-607-0591**

Date

Daytime Phone #

CR2E037 (12/95)