

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37519

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** CHARLOTTE COUNTY WOODCARVERS CLUB, INC.

**Current Principal Place of Business:**

BOAT CLUB BUILDING  
802 W RETTA ESPLANDE  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

280 COLONY POINT DR  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 65-0140278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOMAS, JOHN M JR  
280 COLONY POINT DR.  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MCKINNON, RON  
Address: 1900 AQUI ESTA DR  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VP-1  
Name: HAINES, BILL  
Address: 2522 RIO PALERMO CT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VP-2  
Name: KLISPIE, NELSON  
Address: 6400 TAYLOR RD #231  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: SEC  
Name: LASSOTA, ANDY  
Address: 1076 HARBOUR WAY PL  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TRES  
Name: STEELE, CHUCK  
Address: 3477 SHORT ST  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LOMAS

B.A.

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date