

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90077 046 ****61.25

DOCUMENT # N37519

1. Entity Name

CHARLOTTE COUNTY WOODCARVERS CLUB, INC.



Principal Place of Business

**BAY FRONT CENTER
750 W. RETTA ESPLANDE
PUNTA GORDA FL 33950
US**

Mailing Address

**BAY FRONT CENTER
750 W. RETTA ESPLANDE
PUNTA GORDA FL 33950
US**

2. Principal Place of Business

3. Mailing Address

220 Belaire CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda

Zip

Country

Zip

Country

33950

US

4. FEI Number **65-0140278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOEST, FRED
220 BELAIRE CT
PUNTE GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **KLISPIE, NELSON**
STREET ADDRESS **6400 TAYLOR RD, 231**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **T** ☒ Delete
NAME **JEPSON, KARL**
STREET ADDRESS **138 LELAND AVE SE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **T** ☐ Delete
NAME **HENRICHIN, BEVERLY**
STREET ADDRESS **11311-A POPLIN**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Herrmann, Ray**
STREET ADDRESS **2100 Kings Hwy #299**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **T** ☐ Change ☒ Addition
NAME **Swarts, Bob**
STREET ADDRESS **2295 Ben Bengal CT**
CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly Henrichin

3/25/03 (941)-475-3812

CR2E037 (10/02)