FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

AININ	1998	T. T. T.	Secretary of State DIVISION OF CORPORATIONS		Secretary	Secretary of State	
DOCU 1. Corporation	MENT #	N42456	(6)				
CHAR	LOTTE SYMPHOL	NY LEAGUE, INC.					
Principal Place of Business Mailing Address							
271 BAL HARBOR BLVD POST OFFICE BOX 2212 PUNTA GORDA FL 33950 PORT CHARLOTTE FL 33949			949-2212	 Date Incorporated or Qualified 03/12/1991 			
US		US			4. FEI Number	Applied For	
					65-0200323	Not Applicable	
-	Place of Business	⊢	iling Address		5. Certificate of Status Desired	\$8.75 Additional	
21 Suite, Apt.	#. etc.	26 Su	ite, Apt. #, etc.		Election Campaign Financing	Fee Required \$5.00 May Be	
22		27	,,		Trust Fund Contribution	Added to Fees	
City & Stat	e	Cit	City & State		7. Is this nonprofit corporation a homeov		
Zip	Coun	try Zir		Country	☐ Yes		
24	25	29		30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible	
		ress of Current Registers	d Agent	100	10. Name and Address of New Registe		
				81 Name	Kohn, Dorothy		
MANUGUERRA, JUNE A 82 Street				Address (P.O. Box Number is Not Acceptable)			
800 PAMELA DRIVE PUNTA GORDA FL 33950				83 / 0	262 Shadow Run C	<i>**</i>	
PUNIA	GUNDA FL 33830						
				84 City	Punta Gorda	EL 85 Zip Code 5	
11. Pursuant	to the provisions of Se	ctions 617.0502 and 617.1	508, Florida Statu	tes, the above-named	corporation submits this statement or the purpos	se of changing its registered	
agent. I a	registered agent, or bo im familiar with, and ac	cept the obligations of Se	olion 617.0503, FI	orida Statutes.	corporation submits this statement or the purpos poration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	Sana	the of a glatered agent and title if app	1-Donothy	TE: Registered Agent signature	b specified when relations).	1/1/98	
12.		OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	VP		DELETE	1.1 TITLE	VP.	Change Addition	
NAME	MANUGUERRA,			1.2 NAME	Kohn Dorothy 10262) Shadow Run C	L	
STREET ADDRESS	800 PAMELA DR PUNTA GORDA			1.3 STREET ADDRESS	1		
TITLE	S S	rl 33830	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Funta Gorda, FX, 3.	3955 U Change	
NAME	SARGENT, ROSE	MARY		2.2 NAME	Fordham, Karen		
STREET ADDRESS	27332 TIERRA D			2.3 STREET ADDRESS	7524 Carambela		
CITY-ST-ZIP	PORT CHARLOT	TE FL		2.4 CITY - ST - ZIP	Punta Gorda, F.l. 33	955	
TITLE	P MEON MINOR		DELETE	3.1 TITLE		Change Addition	
NAME STREET ADDRESS	Weck, Wilnor 31020 N Bend (? T		3.2 NAME 3.3 STREET ADORESS			
CITY-ST-ZIP	PUNTA GORDA			3.4. CITY-ST-ZIP			
TITLE	1D		DELETE	4.1 TITLE		Change Addition	
NAME	FISHER, BARBAI			4. 2 NAME	·		
STREET ADDRESS	3310 LOVELAND			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOT	TE FL	DELETE	4.4 CITY - ST - ZIP		I betann addition	
TITLE	D Carlson, Loui	ĈE.	LEPUELEIE	5.1 TITLE 5.2 NAME	DFreddieKilburn	Change Addition	
NAME STREET ADDRESS	2223 CASINO CI			5.3 STREET ADDRESS	2 710 St. Thomas Dr.		
CITY-ST-ZIP	PUNTA GORDA			5.4 CITY-ST-ZIP	EFreddieKilburn 2719 St. Thomas Dr. Punta Gorda, Fl. 32	1950	
TITLE	D		DELETE	6.1 TITLE		Change Addition	
NAME	MURTAUGH, PAT			6.2 NAME			
STREET ADDRESS	2646 PARISIAN (6.3 STREET ADDRESS			

14. 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 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.

1 /2 100 CHIZINGER

FILED

Feb 05 1998 8:00am