FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # **N93000005643 (2)**

1. Corporation Name
CHARLOTTE COUNTY FOUNDATION, INC.

Principal Place of Business	Mailing Address
201 WEST MARION AVENUE SUITE 301 PUNTA GORDA FL	201 WEST MARION AVENUE SUITE 301 PUNTA GORDA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0455319 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WOTITZKY, LEO
201 WEST MARION AVENUE
SUITE 301
PUNTA GORDA FL

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition
NAME	BARBEE, BRENDA	12 NAME	(City & Zip)
STREET ADDRESS	11370 SW 117TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	14 CITY-ST-ZIP	Lake Suzy, Florida 33821
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MIELKE, LEONARD	22 NAME	
STREET ADDRESS	1 COLONY POINT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	PRICE, JACK L	32 NAME	(street name)
STREET ADDRESS	1609 ALBRATROSS DRIVE	33 STREET ADDRESS	1609 Albatross Drive
CITY-ST-ZIP	PUNTA GORDA FL 33950	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, JEFFEREY	42 NAME	
STREET ADDRESS	935 SANTA BRIGIDA COURT	43 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	WOTITZKY, LEO	52 NAME	
STREET ADDRESS	4518 NORTH SHORE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Leo Wotitzky 4/3/95 813/639-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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