

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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~~

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **639 East Hargreaves Avenue**

26 **639 East Hargreaves Avenue**

4. FEI Number

65-0455319

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Punta Gorda, Florida**

28 **Punta Gorda, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

24 **33950**

25 **USA**

Zip

Country

29 **33950**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOTE ADDRESS CHANGE

WOTITZKY, LEO

~~201 WEST MARION AVENUE
SUITE 301~~

223 Taylor Street

PUNTA GORDA FL

33950

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **BARBEE, BRENDA**
STREET ADDRESS **11370 SW 117TH PLACE**
CITY-ST-ZIP **LAKE SUZY FL 33821**

TITLE **TD** ☐ DELETE

NAME **MIELKE, LEONARD**
STREET ADDRESS **1 COLONY POINT DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☐ DELETE

NAME **PRICE, JACK L**
STREET ADDRESS **1609 ALBATROSS DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **VD** ☐ DELETE

NAME **REYNOLDS, JEFFEREY**
STREET ADDRESS **935 SANTA BRIGIDA COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** ☐ DELETE

NAME **WOTITZKY, LEO**
STREET ADDRESS **4518 NORTH SHORE DRIVE**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **R.E. HEIN**
1.3 STREET ADDRESS **2104 MAZATLAN ROAD**
1.4 CITY-ST-ZIP **PUNTA GORDA, FL 33983**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **MELVYN J. KATZEN, M.D.**
2.3 STREET ADDRESS **77 TROPICANA DRIVE**
2.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **VERNON PEEPLES**
3.3 STREET ADDRESS **3818 CARUPANO COURT**
3.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **MARVIN WILLIAMS**
4.3 STREET ADDRESS **21420 HARBORSIDE BLVD.**
4.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952-9188**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **MIELKE, LEONARD**
5.3 STREET ADDRESS **1 COLONY POINT DRIVE/#10-B**
5.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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: *Leo Wotitzky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)