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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005643 (2)**

1. Corporation Name

CHARLOTTE COUNTY FOUNDATION, INC.

Principal Place of Business

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950
US

Mailing Address

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950
US

3. Date Incorporated or Qualified

12/15/1993

4. FEI Number

65-0455319

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOTITZKY, LEO
223 TAYLOR ST.
SUITE 301
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARBEE, BRENDA	
STREET ADDRESS	11370 SW 117TH PLACE	
CITY-ST-ZIP	LAKE SUZY FL	

1.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELVYN J. KATZEN, M.D.	
1.3 STREET ADDRESS	S.W. FLORIDA REGIONAL IMAGING	
1.4 CITY-ST-ZIP	329 E. OLYMPIA AVENUE PUNTA GORDA, FL 33950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MIELKE, LEONARD	
STREET ADDRESS	1 COLONY POINT DRIVE #10-B	
CITY-ST-ZIP	PUNTA GORDA FL	

2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEEPLER, VERNON	
2.3 STREET ADDRESS	3818 CARUPANO CT.	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, JACK L	
STREET ADDRESS	1609 ALBATROSS DR	
CITY-ST-ZIP	PUNTA GORDA FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD R. MONCK, V.P. & OFF. MGR.	
3.3 STREET ADDRESS	BARNETT BANK OF S.W. FLORIDA	
3.4 CITY-ST-ZIP	126 W. MARION AVENUE PUNTA GORDA, FL 33950	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARBEE, BRENDA	
STREET ADDRESS	11370 SW COURTNEY DR.	
CITY-ST-ZIP	LAKE SUZY FL	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PEGGY WESTBY	
4.3 STREET ADDRESS	MC/CLUSKY, GAINES, ET AL	
4.4 CITY-ST-ZIP	222 NESBIT STREET PUNTA GORDA, FL 33950	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOTITZKY, LEO	
STREET ADDRESS	4518 NORTH SHORE DRIVE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	PEEPLER, VERNON	
STREET ADDRESS	3818 CARUPANO CT.	
CITY-ST-ZIP	PUNTA GORDA FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Sandra B. Mortham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050556

CR2E037 (10/97)

1-5-98 941-637-0077