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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005643

1. Corporation Name

CHARLOTTE COUNTY FOUNDATION, INC.

Principal Place of Business	Mailing Address
639 E. HARGREAVES AVE. PUNTA GORDA FL 33950 US	639 E. HARGREAVES AVE. PUNTA GORDA FL 33950 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0455319 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ 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	D	☐ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	KATZEN, MELVYN J MD		1.2 NAME	PEGGY WESTBY	
STREET ADDRESS	329 E OLYMPIA AVE		1.3 STREET ADDRESS	222 NESBIT STREET	
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MIELKE, LEONARD		2.2 NAME	JOHN MIZELL	
STREET ADDRESS	1 COLONY POINT DRIVE #10-B		2.3 STREET ADDRESS	223 TAYLOR STREET	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PRICE, JACK L		3.2 NAME	RON MONCK	
STREET ADDRESS	1609 ALBATROSS DR		3.3 STREET ADDRESS	2331 TAMIAMI TRAIL	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBEE, BRENDA		4.2 NAME		
STREET ADDRESS	11370 SW COURTNEY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE SUZY FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOTITZKY, LEO		5.2 NAME		
STREET ADDRESS	4518 NORTH SHORE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		5.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEEPLES, VERNON		6.2 NAME		
STREET ADDRESS	3818 CARUPANO CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: JACK L. PRICE/EXECUTIVE DIRECTOR — 3/30/99 — 941-637-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #