


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 035 ****61.25

DOCUMENT # N93000005643 1. Entity Name CHARLOTTE COMMUNITY FOUNDATION, INC.					
Principal Place of Business 1675 W MARION AVE STE 11 PUNTA GORDA, FL 33950 US			Mailing Address POB 512047 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0455319	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEPLES, VERNON 625 W. OLYMPIA AVENUE PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE <u>Vernon Peeples</u> 2/5/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYNE, ROBIN 80 COLONY PT DR PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ED FREELAND, CAROLYN M PHD 1675 W MARION AVE, STE 111 PUNTA GORDA, FL 33950		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D HAMMAMI, HASAN 5070 LA COSTA ISLAND CT PUNTA GORDA, FL 33950		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D HOLMES, DAVID ESQ 99 NESBIT ST PUNTA GORDA, FL 33950		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D KANTOR, CONNIE 1318 COLUMBIA DR PUNTA GORDA, FL 33950		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S MIELKE, LEONARD 343 MADRID BLVD PUNTA GORDA, FL 33950		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael J. Horner</u> MICHAEL J. HORNER TR 1/31/07 941-639-2146 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01262007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vernon Peeples 2/5/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAYNE, ROBIN	
STREET ADDRESS	80 COLONY PT DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FREELAND, CAROLYN M PHD	
STREET ADDRESS	1675 W MARION AVE, STE 111	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMAMI, HASAN	
STREET ADDRESS	5070 LA COSTA ISLAND CT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, DAVID ESQ	
STREET ADDRESS	99 NESBIT ST	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTOR, CONNIE	
STREET ADDRESS	1318 COLUMBIA DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIELKE, LEONARD	
STREET ADDRESS	343 MADRID BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	see attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Horner **MICHAEL J. HORNER TR** 1/31/07 941-639-2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
60018266

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000005643

CHARLOTTE COUMMUNITY FOUNDATION, INC.

11. ADDITIONS/CHANGES

Title	S	Change
	Robin Bayne 80 Colony Point Dr Punta Gorda FL 33950	
	D Matthew S. DePalma 1111 South McCall Road Englewood FL 34223	Addition
	T Michael J. Horner 222 Nesbit Street Punta Gorda FL 33950	Addition
	D Marilyn Mizell 307 East Marion Ave Punta Gorda FL 33950	Addition
	VC Ronald R. Monck 2331 Tamiami Trail Punta Gorda FL 33950	Addition
	D Brian Presley 35600 Bermont Rd Punta Gorda FL 33982	Addition
	D Chris R. Webb 190 Gulfview Punta Gorda FL 33950	Addition