

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90143 044 \*\*\*\*61.25

<b>DOCUMENT # N94000002672</b>					
<b>1. Entity Name</b> CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.					
<b>Principal Place of Business</b> 326 WEST MARION AVE. SUITE 112 PUNTA GORDA, FL 33950			<b>Mailing Address</b> 326 WEST MARION AVE. SUITE 112 PUNTA GORDA, FL 33950		
<b>2. Principal Place of Business</b> 2702 Tamiami Trail		<b>3. Mailing Address</b> 2702 Tamiami Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Port Charlotte, FL		<b>City &amp; State</b> Port Charlotte, FL		<b>4. FEI Number</b> 65-0492790	
<b>Zip</b> 33952		<b>Country</b> Charlotte		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MATHIS, JULIE C. 326 W. MARION, AVE. SUITE 112 PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2702 Tamiami Trail City Port Charlotte FL Zip Code 33952		
<b>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.</b>					
SIGNATURE: <u>Julie Mathis</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">4/10/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> MS <b>NAME</b> MATHIS, JULIE C <b>STREET ADDRESS</b> 326 W. MARION AVE., SUITE 112 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 2702 Tamiami Trail <b>STREET ADDRESS</b> Port Charlotte, FL 33952 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> MIZE, MARYANN <b>STREET ADDRESS</b> 1100 TAMiami Trl. <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete		<b>TITLE</b> PPD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PPD <b>NAME</b> WISHARD, KRISTINE <b>STREET ADDRESS</b> 23081 HARBORVIEW RD, 2ND FLOOR <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PED <b>NAME</b> Sandles, Larry <b>STREET ADDRESS</b> 1203 W Marion Ave. <b>CITY-ST-ZIP</b> Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PED <b>NAME</b> RUSSELL, KEVIN W <b>STREET ADDRESS</b> 18501 MURDOCK CIR #600 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b>  <b>STREET ADDRESS</b> 14295 Tamiami Trail <b>CITY-ST-ZIP</b> North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> DRYBURGH, BILL <b>STREET ADDRESS</b> 101 TAYLOR ST. <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> ASHLEY, DONALD <b>STREET ADDRESS</b> 366 E. OLYMPIA AVE. <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Dees, Fred B. <b>STREET ADDRESS</b> 3440 Conway Blvd. #2-C <b>CITY-ST-ZIP</b> Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Julie Mathis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Julie C. Mathis, Executive Director 941-627-2222 <small>Date Daytime Phone #</small>		

*Paid 4/14/06 #604 \$61.25*