2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # N9400002672 1. Entity Name CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.					04	4-30-2007 9	0397 014 1	****61.2	5
Principal Place of Business 2702 TAMIAMI TR PORT CHARLOTTE, FL 33952 Mailing Address 2702 TAMIAMI TR PORT CHARLOTTE, FL 33952 Mailing Address 2702 TAMIAMI TR PORT CHARLOTTE, FL 33952				111		ini Arak kam Bali A	HIN BENE ARNO ME	i i iiii k et ka kii	Wat a t 18 4 1
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			2007	Chg-NP	CR2E03	7 (12/06)	
City & State	City & State				Number 5-0492	790		No	plied For t Applicable
Zip Country	Zip	Country				Status Desired	LJ F	8.75 Add ee Required	
6. Name and Address of Current	Registered Agent			7. Nar	ne and A	ddress of New	Registered A	gent	
MATHIS, JULIE C		İ	Name						
2702 TAMIAMI TR PORT CHARLOTTE, FL 33952			Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code	9
8. The above named entity submits this statement fo	the purpose of changing it	e registere	d office or r	radiatorad agan	t or both	in the State of F		amiliar with	and account
the obligations of registered agent.	the purpose of changing it	o registere	a dinice or i	registered agent	t, or both.	THE SIERS OF	ionda. 7 am ii		and docept
SIGNATURE Signature, typed or printed name of registered agent	and trite if applicable. (NO	TE: Registered	Agent signature	e required when rains	lating)		DATE		
Due by May 1, 2007 v∜Fit	.25			\$5.00	May Be		Make check		
10. OFFICERS AND DIF	COTODA						orida Depart		
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(2.) I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is rune 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

941-627-2222

Daytime Pf