


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90165 039 ****61.25

DOCUMENT # N94000002672						
1. Entity Name CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.						
Principal Place of Business 2702 TAMiami TR PORT CHARLOTTE, FL 33952			Mailing Address 2702 TAMiami TR PORT CHARLOTTE, FL 33952			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0492790		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATHIS, JULIE C 2702 TAMiami TR PORT CHARLOTTE, FL 33952				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$81.25 Due by May 1, 2008		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 MS NAME MATHIS, JULIE C STREET ADDRESS 2702 TAMiami TR CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PED NAME ASHLEY, TERI STREET ADDRESS 4265 TAMiami TRAIL #C CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete			TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME SANDIES, LARRY STREET ADDRESS 1203 WEST MARION AVE CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			TITLE PPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PPD NAME RUSSELL, W K STREET ADDRESS 14295 TAMiami TR CITY-ST-ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete			TITLE VD NAME NATOLI, Tom STREET ADDRESS 3622 TAMiami TRAIL CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME RICE, THOMAS STREET ADDRESS 21298 OLEAN BLVD CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			TITLE PED NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DEES, FRED B STREET ADDRESS 3440 CONWAY BLVD #2-C CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Julie Mathis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-25-08 941-627-2222 Date Daytime Phone #		