

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004734

FILED
Apr 25, 2006
Secretary of State

Entity Name: CORVETTES OF CHARLOTTE COUNTY., INC.

Current Principal Place of Business:

PORT CHARLOTTE CULTURAL CENTER
2280 AARON ST.
PT. CHARLOTTE, FL 33952

New Principal Place of Business:

2315 AARON ST.
PT. CHARLOTTE, FL 33952

Current Mailing Address:

1145 KENNWOOD AVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0475135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONATHAN, PORTER L
1145 KENNWOOD AVE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOISVERT, PAUL
Address: P O BOX 2231
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: T () Delete
Name: BUTLER, MARILYN
Address: 1071 PANACEA BLVD. APT #107
City-St-Zip: NORTH PORT, FL 34289

Title: D () Delete
Name: CORDINGLEY, SAM
Address: 4342 AROBEA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: PORTER, JON
Address: 1145 KENNWOOD AVE.
City-St-Zip: PT. CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN BUTLER

T

04/25/2006

Electronic Signature of Signing Officer or Director

Date