2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000714

FILED Mar 07, 2006 Secretary of State

Entity Name: CHARLOTTE COUNTRY MUSIC CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SHIRLEY ADEES

PUNTA GORDA, FL 339512746 US

Current Mailing Address: New Mailing Address:

510898

PUNTA GORDA, FL 33951 US

FEI Number: 65-0290398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLAGHER, JOHN
2005
RIVERBASIN DRIVE
PUNTA GORDA, FL 33982 US

GALLAGHER, JOHN
2005 RIVER BASIN DRIVE
PUNTA GORDA, FL 33982 US

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: 03/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: GALLAGHER, JOHN
Address GALLAGHER, JOHN
Address GALLAGHER, JOHN
Address GALLAGHER, JOHN

Address: 2005 RIVERBASIN DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

Address: City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete Title: () Change () Addition

 Name:
 MILLER, GLORIA
 Name:

 Address:
 23258 DELAVAN AVE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MASON, JULIE
 Name:
 LYNN, MARLYS

 Address:
 4523 COLLINGSWOOD BLVD
 Address:
 822 VIA FORMIA

City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete Title: D (X) Change () Addition

Name:MASON, JACKName:GALLAGHER, LINDAAddress:4523 COLLINGSWOOD BLVDAddress:2005 RIVER BASIN DRIVECity-St-Zip:PORT CHARLOTTE,, FL 33948City-St-Zip:PUNTA GORDA, FL 33950

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: JOHN GALLAGHER P 03/07/2006