

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001360 (5)**

1. Corporation Name

**CHARLOTTE COUNTY ECONOMIC DEVELOPMENT FOUNDATION
, INC.**



Principal Place of Business

**2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address

**2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0632088

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNTSSON, ROBERT H
BATSEL MCKINLEY TTERSAGEN GUNDERSON
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

81

Name **Peggy A. Willis**

82

Street Address (P.O. Box Number is Not Acceptable)

2702 TAMiami TR.

83

84

City **PT. CHARLOTTE**

FL

85

Zip Code **33952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Peggy A. Willis **Peggy A. Willis EXEC. DIRECTOR**

4/24/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **JONES, JANET**
STREET ADDRESS **BARNETT BANK - 1785 MCCALL RD.**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Peggy A. Willis**
1.3 STREET ADDRESS **2702 Tamiami Tr.**
1.4 CITY-ST-ZIP **PT. CHARLOTTE, FL 33952**

TITLE **DP** ☐ DELETE
NAME **TAYLOR, PETER C**
STREET ADDRESS **315 EAST OLYMPIA AVE.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **WEST, GALE**
STREET ADDRESS **2500 HARBOR BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **HAMLEN, KAY**
STREET ADDRESS **2000 RIO DE JANIERO DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33983**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **BATES, BILL**
STREET ADDRESS **630 WOODBURY DR.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WISHARD, BILL**
STREET ADDRESS **272 EAST VIRGINIA AVE.**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Peggy A. Willis** **Peggy A. Willis EXEC. DIR.** **4/24/96** **941-627-3023**

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)