

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 19 1997 8:00am
Secretary of State

DOCUMENT # **N95000001360 (5)**

1. Corporation Name

CHARLOTTE COUNTY ECONOMIC DEVELOPMENT FOUNDATION, INC.



Principal Place of Business Mailing Address
**2702 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 03/21/1995 | | 05/01/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 65-0632088 | | Not Applicable | |
| 24 Zip | | 25 Country | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29 Zip | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEGGY A. WILLIS
2702 TAMiami TRAIL
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33952**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

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* 8/1/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, JANET | 1.2 NAME | William BATES |
| STREET ADDRESS | BARNETT BANK - 1785 MCCALL RD. | 1.3 STREET ADDRESS | 630 WOODBURY DR. |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | 1.4 CITY-ST-ZIP | Pt. CHARLOTTE, FL 33954 |
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, PETER C | 2.2 NAME | WAYNE Goff |
| STREET ADDRESS | 315 EAST OLYMPIA AVE. | 2.3 STREET ADDRESS | 1601 W. MARION |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | 2.4 CITY-ST-ZIP | PUNTA GORDA, FL 33950 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIS, PEGGY A. | 3.2 NAME | |
| STREET ADDRESS | 2702 TAMiami TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATES, BILL | 4.2 NAME | BRUCE SMITH |
| STREET ADDRESS | 630 WOODBURY DR. | 4.3 STREET ADDRESS | 3129 TAMiami Tr. |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33954 | 4.4 CITY-ST-ZIP | Pt. CHARLOTTE, FL 33952 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WISHARD, BILL | 5.2 NAME | Rich Emch |
| STREET ADDRESS | 272 EAST VIRGINIA AVE. | 5.3 STREET ADDRESS | 18501 MURDOCK Circle |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | 5.4 CITY-ST-ZIP | Pt. CHARLOTTE, FL 33948 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 8/1/97 941-627-3023
SIGNATURE REQUIRED

CR2E037 (4/97)