

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003702(6)

1. Corporation Name

TAXPAYERS LEAGUE OF CHARLOTTE COUNTY, INC.

Principal Place of Business

6239 BERKELEY ST.
ENGLEWOOD FL. 34224

Mailing Address

6239 BERKELEY ST.
ENGLEWOOD FL. 34224

2. Principal Place of Business

2a. Mailing Address

21

26

6239 BERKELEY ST.

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

08/04/1996

4. FEI Number

65-0632420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

ENGLEWOOD, FL.

24

Zip

Country

Zip

Country

34224

30 CHARLOTTE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE GIORGIO, ROCCO F.
9216 HILLBURN TERRACE
ENGLEWOOD, FL. 34224

81 Name

BRUCE S POMEROY

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

6239 BERKELEY ST.

83

84 City

ENGLEWOOD FL.

FL

85 Zip Code

34224

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

X

Bruce S. Pomeroy

(BRUCE S. Pomeroy)

04/24/1997

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 PD. ☒ DELETE

NAME DE GIORGIO, ROCCO F.
STREET ADDRESS 9216 HILLBURN TERRACE
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☒ DELETE

NAME VD. POMEROY BRUCE S
STREET ADDRESS 6239 BERKELEY ST.
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE ☒ DELETE

NAME STD O'CONNELL LAURENCE H.
STREET ADDRESS 10309 WILLIG AVE.
CITY-ST-ZIP ENGLEWOOD FL. 34224

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PD

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD.

BRUCE S. POMEROY
6239 BERKELEY ST.
ENGLEWOOD FL. 34224

PAUL E. HEATH
6198 AVILA ST.
ENGLEWOOD FL 34224

STD JANE C. HERTER
10215 WATERFORD AVE.
ENGLEWOOD, FL 34224

200002184482
-05/20/97--01003--034
***61.25

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: X

Bruce S. Pomeroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/1997

Date

941-474-7387

Daytime Phone #

CR2E037 (9/96)