

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 043 ****61.25

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02012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000000833 1. Entity Name BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952 US			Mailing Address 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business 3650 North ACCESS Road Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		4. FEI Number 65-0725247 Applied For ☐ Not Applicable	
City & State Englewood, Florida		City & State Englewood, Florida			
Zip 34224		Country Charlotte			
6. Name and Address of Current Registered Agent ROMA, CHARLES M 2726C TAMiami TRAIL SUITE C PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Charles M. Roma EXEC. DIR.</u> CHARLES M. ROMA, EXEC DIR. <u>2-15-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NATOLI, TOM 4166 TAMiami TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board President NATOLI-Tom Integrity Employee LEASING 3380 RADICE AVE Ft. CHARLOTTE, FL 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAIN, CHARITY 2240 SO MCCALL RD ENGLEWOOD, FL 34224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. OPERATIONS GLEN BOWD, LAFRANCIS CLEARORS 4435 TAMiami TR Ft. CHARLOTTE, FL 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MURRAY, TED 2905 TAMiami TRAIL PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. RESOURCE DEV. JOHN PRUNESKI 207 MCCABE ST PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NATOLI, THOMAS 4166 TAMiami TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER michelle Rogers, CHARLIE STATE BANK 3002 TAMiami TR PORT CHARLOTTE, FL 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, PAT 2850 DAN QUIYOTE DR PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REBECCA Schofield 544 SHAMROCK BLVD VENICE, FL 34293	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMA, CHARLES M 2726 TAMiami TR PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES M. ROMA 3650 North ACCESS Rd Englewood, FL 34224	☒ Change ☐ Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Charles M. Roma</u> CHARLES M. ROMA EXEC. DIRECTOR <u>2-15-05</u> <u>941-815-8753</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					