

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

CHARLOTTE RANGERS BOOSTER CLUB, INC.

Principal Place of Business

23262 LEHIGH AVENUE
PORT CHARLOTTE FL 33954

Mailing Address

23262 LEHIGH AVENUE
PORT CHARLOTTE FL 33954



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON, ROBERT A
460 S. INDIANA AVENUE
ENGLEWOOD FL 34223

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

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 **D** ☐ DELETE
NAME **RITCHIE-BEARER, LILLI**
STREET ADDRESS **2616 VIA VENETO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

1.1 TITLE **Board Member** ☒ Change ☐ Addition
1.2 NAME **Judi Willis**
1.3 STREET ADDRESS **23187 Maclellan**
1.4 CITY-ST-ZIP **Port Charlotte, FL. 33980**

TITLE **D** ☒ DELETE
NAME **CRAIG, DENNIS**
STREET ADDRESS **8501 PLACIDA RD**
CITY-ST-ZIP **PLACIDA FL 33947**

2.1 TITLE **Board Member** ☒ Change ☐ Addition
2.2 NAME **Bobby Willis**
2.3 STREET ADDRESS **6248 Benkeley St.**
2.4 CITY-ST-ZIP **Englewood, FL. 34224**

TITLE **D** ☒ DELETE
NAME **KOWERKO, ANDREW**
STREET ADDRESS **22585 ELMIRA BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE **D** ☐ DELETE
NAME **PADGETT, STEVE**
STREET ADDRESS **21302 COACHMAN AV**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ DELETE
NAME **HARDING, ROY**
STREET ADDRESS **13398 BRONZE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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

TITLE **President** ☒ DELETE
NAME **Fred Wunden** **(Current)**
STREET ADDRESS **23262 Lehigh Av.**
CITY-ST-ZIP **Port Charlotte, FL. 33954**

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

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

941-764-6313

Daytime Phone #

CR2E037 (1/98)