


FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90008 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001929 (5) ✓ 1. Corporation Name THE VOLUNTEERS OF CHARLOTTE COUNTY, INC			
Principal Place of Business 22441 Westchester Blvd. 1500 D Port Charlotte, FL 33980		Mailing Address 22441 Westchester Blvd. 1500 D Port Charlotte, FL 33980	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	04/04/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	94-3278661	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	<input type="checkbox"/>
Charlotte	29		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EDWARDS, VIRGINIA 22441 Westchester Blvd. 1500 D Port Charlotte, FL 33980		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		DATE	
Virginia P. Edwards Virginia P. Edwards Vice Ch. and Director 6-14-99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairperson D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DORIS	1.2 NAME	
STREET ADDRESS	215 Rio Villa Dr. # 3165	1.3 STREET ADDRESS	
CITY-ST-ZIP	Punta Gorda, FL 33950	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, NAOMI	2.2 NAME	
STREET ADDRESS	3283 Elkam Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Port Charlotte, FL 33952	2.4 CITY-ST-ZIP	
TITLE	Treasurer D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, IVAH K	3.2 NAME	
STREET ADDRESS	2275 Aaron St. D-204	3.3 STREET ADDRESS	
CITY-ST-ZIP	Port Charlotte, FL 33952	3.4 CITY-ST-ZIP	
TITLE	Vice Ch. D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia P. Edwards	4.2 NAME	
STREET ADDRESS	22441 Westchester Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Port Charlotte, FL 33980	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: Virginia P. Edwards		Virginia P. Edwards 6-14-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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