


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90007 016 \*\*\*\*70.00

<b>DOCUMENT # N98000000528</b>		
1. Entity Name <b>CHARLOTTE SPORT MODELERS SOCIETY, INC.</b>		
Principal Place of Business <b>361 MARACA STREET PUNTA GORDA FL 33983</b>		Mailing Address <b>361 MARACA STREET PUNTA GORDA FL 33983</b>
2. Principal Place of Business <b>21017 Denise Ave</b> Suite, Apt. #, etc. <b>Port Charlotte, FL</b> City & State		3. Mailing Address <b>21017 Denise Ave</b> Suite, Apt. #, etc. <b>Port Charlotte, FL</b> City & State
Zip <b>33952</b>	Country <b>USA</b>	Zip <b>33952</b> Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>POLETT, RAYMOND 361 MARACA STREET PUNTA GORDA FL 33983</b>		7. Name and Address of New Registered Agent Name <b>Leo Beaulieu</b> Street Address (P.O. Box Number is Not Acceptable) <b>21017 Denise Ave</b> City <b>Port Charlotte</b> FL Zip Code <b>33952</b>

**34012085**



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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 **LEO BEAULIEU** *Leo Beaulieu* **Feb 22, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	PD HART, ROBERT 140 ANGOL STREET PUNTA GORDA FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL CONLON 2204 CABARET AVE. PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, JORDAN 22031 FELTON AVE PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAY POLETT 361 MARCE ST. PUNTA GORDA, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLETT, RAYMOND 361 MARACA ST. PUNTA GORDA FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEO BEAULIEU 21017 DENISE AVE PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUENNERT, ROBERT 468 WABASH TER PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUNNY SHOCKEY 216 EPPINGER DR. PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD LIPS, EDWIN F 3131 IVERSON ST PT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD JIM KYLE 2100 RINGS HWY #967 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD JORDAN PETERSON 22031 FELTON AVE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Leo Beaulieu* **Leo Beaulieu**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 22, 2004 941-625-2802**  
Date Daytime Phone #