2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90280 001 ****61.25

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1. Entity Name
CHARLOTTE SPORT MODELERS SOCIETY, INC.

50023150

Principal Place of Business	Mailing Address
21017 DENISE AVE PORT CHARLOTTE, FL 33952	21017 DENISE AVE PORT CHARLOTTE, FL 33952

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4205 ALMAR DR.	4205 ALMAR DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA, FL	City & State: PUNTA GORDA, FL
Zip: 33950 Country: USA	Zip: 33950 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEAULIEU, LEO
21017 DENISE AVE
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: JOHN C. BLAKE-HASKINS
Street Address (P.O. Box Number is Not Acceptable): 4205 ALMAR DRIVE
City: PUNTA GORDA FL Zip Code: 33950

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: John C. Blake-Haskins SECRETARY CSMS 1/14/05
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	PD CONLON, MICHAEL 2804 CABARET AVE PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD POLETT, RAY 361 MARCE ST PUNTA GORDA, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CREMAYER, DAVID A. 356 MORGAN ST. PUNTA GORDA, FL 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEAULIZEU, LEO 21017 DENISE AVE PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAKE-HASKINS, JOHN C 4205 ALMAR DR. PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHOCKEY, SUNNY 216 EPPINGER DR PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEAULIEU, LEO 21017 DENISE AVE PORT CHARLOTTE, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD KYLE, JIM 2600 RINGS HWY #967 PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD LINDELL, FRANK 27542 TIERRA DEL FUEGO PUNTA GORDA, FL 33983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD PETERSON, JORDAN 22031 FELTON AVE PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: