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Secretary of State

04-14-1999 90054 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005222		
1. Corporation Name HISTORIC CHARLOTTE COUNTY COURT HOUSE, INC.		
Principal Place of Business 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	Mailing Address 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	

450363 - 90240 - 26



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/04/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0885517
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EMERICH, GUY S 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 a resident of the State of Florida, and accept the provisions of Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNER, JANE S	1.2 NAME	Brenner, Jane S,
STREET ADDRESS	4 OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, RANDY	2.2 NAME	Dunn, Randy
STREET ADDRESS	POST OFFICE BOX 1073	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33951	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ALFRED M	3.2 NAME	
STREET ADDRESS	26400 SEMINOLE LAKES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, SANKEY E	4.2 NAME	Webb, Sankey E,
STREET ADDRESS	1625 WEST MARION AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEL, LEE	5.2 NAME	Biel, Lee
STREET ADDRESS	741 DEAUVILLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	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:

Signature of Jane S. Brenner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-99

Date

Daytime Phone #

941 637-1075

CR2ED37 (11/98)