

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007334

FILED
Jan 14, 2009
Secretary of State

Entity Name: FRIENDS OF THE CHARLOTTE HARBOR AQUATIC PRESERVES, INC.

Current Principal Place of Business:

12301 BURNT STORE ROAD
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

12301 BURNT STORE ROAD
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 65-0911036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLESHMAN, BARBARA
CHARLOTTE HARBOR AQUATIC & STATE BUFFER
12301 BURNT STORE ROAD
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONLEY, LIZ
Address: 5473 HENLEY STREET
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: BICKFORD, KAREN
Address: 1165 PALM AVENUE #3A
City-St-Zip: NORTH FT MYERS, FL 33903

Title: T () Delete
Name: GERTNER, LINDA S
Address: 24194 PIRATE HARBOR BLVD
City-St-Zip: PUNTA GORDA E, FL

Title: D () Delete
Name: FLESHMAN, BARBARA
Address: 15550 BURNT STORE ROAD #46
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: KATZ, WILMA
Address: 123 JOSE GASPARD DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: DANIELSON, LYLE
Address: 12770 WATERFORD CIRCLE APT #312
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BICKFORD, KAREN
Address: 1729 NE 20TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: S (X) Change () Addition
Name: DONLEY, LIZ
Address: 5473 HENLEY STREET
City-St-Zip: BOKEELIA, FL 33922

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BICKFORD

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date