


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90001 018 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N99000003304 1. Entity Name COUNTRY CREEK COMMUNITY CHARITIES, INC. | | | |  | |
| Principal Place of Business 21131 COUNTRY CREEK DRIVE ESTERO, FL 33928 | | | Mailing Address 21131 COUNTRY CREEK DRIVE ESTERO, FL 33928 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0929866 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOBLEY, RALPH M 9781 SASSAFRAS COURT ESTERO, FL 33928 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D WHITE, ROBERT W 9265 COACHHOUSE LANE ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RAYMOND PUTHIER 21034 OXDON BEND ESTERO FL 33928 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HATCH, CLAY 9266 COACH HOUSE LANE ESTERO, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOY EVANS 9761 SASSAFRAS COURT ESTERO, FL 33928 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOYER, MARY ANN 20691 PERSIMMON PLACE ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARY MORRISSETTE 20615 COUNTRY BARN DRIVE ESTERO, FL 33928 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REICHERT, RONALD L 20950 RIVERSFORD ESTERO, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATRICK O'CONNEL 20621 COUNTRY CREEK DR # 3125 ESTERO, FL 33928 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BORO, JOSEPH 21022 OXDON BEND ESTERO, FL 33928 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input 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 | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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05102004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0929866

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MOBLEY, RALPH M | | Name | |
| 9781 SASSAFRAS COURT | | Street Address (P.O. Box Number is Not Acceptable) | |
| ESTERO, FL 33928 | | City | |
| | | FL Zip Code | |

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 _____
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 September 8, 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

D
WHITE, ROBERT W
9265 COACHHOUSE LANE
ESTERO, FL 33928

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
RAYMOND PUTHIER
21034 OXDON BEND
ESTERO FL 33928

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HATCH, CLAY
9266 COACH HOUSE LANE
ESTERO, FL 33928

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOY EVANS
9761 SASSAFRAS COURT
ESTERO, FL 33928

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MARY MORRISSETTE
20615 COUNTRY BARN DRIVE
ESTERO, FL 33928

☐ 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: *Ronald L. Reichert* RONALD L. REICHERT 6/1/04 239-992-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #