


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003304</b> 1. Entity Name <b>COUNTRY CREEK COMMUNITY CHARITIES, INC.</b>	
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Principal Place of Business <b>21131 COUNTRY CREEK DRIVE ESTERO, FL 33928</b>	Mailing Address <b>21131 COUNTRY CREEK DRIVE ESTERO, FL 33928</b>
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**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0929866</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MOBLEY, RALPH M 9781 SASSAFRAS COURT ESTERO, FL 33928</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POTHIER, RAYMOND 21034 OXGON BEND ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HATCH, CLAY 9266 COACH HOUSE LANE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISSETTE, MARY 20865 COUNTRY BARN DR ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REICHERT, RONALD L 20950 RIVERSFORD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BORO, JOSEPH 21022 OXDON BEND ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, JOY 9761 SAGGAFCAS CT ESTERO, FL 33928

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03/16/05-80034-005 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 3/10/05 239-992-5789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #