

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90045 029 ****70.00

DOCUMENT # N99000003893

1. Entity Name
**THE EMPLOYEES' CLUB OF CHARLOTTE
CORRECTIONAL INSTITUTION INC.**

Principal Place of Business
**CHARLOTTE CORRECTIONAL INSTITUTION
33123 OIL WELL ROAD
PUNTA GORDA, FL 33955**

Mailing Address
**CHARLOTTE CORRECTIONAL INSTITUTION
33123 OIL WELL ROAD
PUNTA GORDA, FL 33955**

50057822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0981312

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKS, ANTHONY
33123 OILWELL RD
PUNTA GORDA, FL 33955**

7. Name and Address of New Registered Agent

Name **GAIL M CLARKE**
Street Address (P.O. Box Number is Not Acceptable)
33123 Oilwell Rd
City **Punta Gorda** FL Zip Code **33955**

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

Gail M Clarke

7/28/05

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 September 7, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIVINS, CATHY 33123 OILWELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LEAHEY, SUE 33123 OILWELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, ANTHONY 33123 OILWELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRIGGERS, TERRI 33123 OILWELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steven O'Neill 33123 Oilwell Rd Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Frank Katto 33123 Oilwell Rd Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>bmc</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gail M Clarke 33123 Oilwell Rd Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alice Muddell Muddell 33123 Oilwell Rd Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:

Gail M Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/05 (941) 833-2493