

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702815

Entity Name: CULTURAL CENTER OF CHARLOTTE COUNTY, INC.**Current Principal Place of Business:**2280 AARON ST.
PORT CHARLOTTE, FL 33952**Current Mailing Address:**PO BOX 495129
PORT CHARLOTTE, FL 33949**FEI Number:** 59-1286577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARTER, KENNETH STEPHEN
303 TAMIAMI TRAIL UNIT G
NOKOMIS, FL 34275 US*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:** KENNETH S CARTER

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COO
Name	CARTER, KENNETH STEPHEN
Address	303 TAMIAMI TRAIL S. UNIT G
City-State-Zip:	NOKOMIS FL 34275

Title	PCEO
Name	GOFF, WAYNE
Address	2041 SANDY PINE DRIVE
City-State-Zip:	PUNTA GORDA FL 33982

Title	T
Name	LORAH, GEOFFREY
Address	1625 MARION AVENUE
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	ROSE, RAYMOND
Address	3631 DARIN DRIVE
City-State-Zip:	PUNTA GORDA FL

Title	DIRECTOR
Name	FISHER, PIERRE J DR.
Address	11250 SW ESSEX DRIVE
City-State-Zip:	LAKE SUZY FL 34269

Title	DIRECTOR
Name	POWELL, DAVID
Address	1043 TROPICAL AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33948

I hereby 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 all other like empowered.

SIGNATURE: KENNETH S. CARTER

COO

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date