

2018 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
2280 AARON STREET
PORT CHARLOTTE, FL 33952 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****04/11/2018**

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 KEN, SCHULTZ
Address 13138 PRESERVE COURT
City-State-Zip: PORT CHARLOTTE FL 33953

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

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 STEPHEN CARTER**EXECUTIVE DIRECTOR****04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date