

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005643

Entity Name: CHARLOTTE COMMUNITY FOUNDATION, INC.**Current Principal Place of Business:**227 SULLIVAN STREET
PUNTA GORDA, FL 33950**Current Mailing Address:**227 SULLIVAN STREET
PUNTA GORDA, FL 33950 US**FEI Number:** 65-0455319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID, HOLMES ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name OLSEN, RONALD
Address 334 WEST OLYMPIA AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER
Name YOUNG, DOUGLAS
Address 1502 KINGS HIGHWAY
#300
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name MCCRORY, JILL
Address 309 TAMIAMI TRAIL
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECVTOR
Name BENNETT, LEW
Address 252 WEST MARION
City-State-Zip: PUNTA GORDA FL 33950

Title VC
Name BYRSKI, MARY
Address 25086 OLYMPIA AVENUE
#310
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY
Name DEAN, JIMMY
Address 312 SULLIVAN STREET
City-State-Zip: PUNTA GORDA FL 33950

Title CEO
Name STEELE, JULIA
Address 227 SULLIVAN STREET
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name AMADOR, KAREN
Address 23023 WESTCHESTER BLVD
City-State-Zip: PORT CHARLOTTE FL 33980

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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: JULIA STEELE**CHIEF EXECUTIVE
OFFICER**

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WASHBURN, JANE
Address 3807 BORDEAUX DRIVE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name VAZQUEZ, ROBIN
Address P.O. BOX 494249
City-State-Zip: PORT CHARLOTTE FL 33949