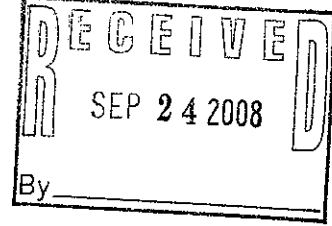


**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)
(Please Type)

OFFICE USE ONLY



Original Appointment Change of Appointment

Registered Agent and Office Information

Name **William M. Weller**

Telephone **202-241-0431**

Street Address **4351 Pinnacle Street, Suite B**

City **Port Charlotte**

State **FL**

Zip Code **33980**

Mailing Address **4351 Pinnacle Street, Suite B**

City **Port Charlotte**

State **FL**

Zip Code **33980**

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the Division of Elections.

William M. Weller
Signature of Registered Agent

9/24/08
Date

Former Registered Agent and Office Information (for changes only)

Name

Telephone

Street Address

City

State

Zip Code

Committee or Organization Information

Name of Committee or Organization
Charlotte County Parents

Street Address **4351 Pinnacle Street, Suite B**

Telephone **941-661-3665**

City **Port Charlotte**

State **FL**

Zip Code **33980**

Committee or organization is registered with:

Division of Elections County **Charlotte** City _____

William M. Weller
Signature of Chairperson

William M. Weller
Print Name of Chairperson

9/24/08
Date