FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739546** **(0)**

1. Corporation Name

SPECIAL TRAINING AND REHABILITATION OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
525 BOWMAN TERRACE PORT CHARLOTTE FL 33953 US	525 BOWAM TERRACE PORT CHARLOTTE FL 33953 US

2. Principal Place of Business	2a. Mailing Address
21 525 Bowman Terrace	26 525 Bowman Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Charlotte, FL.	City & State 28 Port Charlotte, FL.
Zip 24 33953 / Country 25 Charlotte	Zip 29 33953 / Country 30 Charlotte

3. Date Incorporated or Qualified: 07/05/1977

3a. Date of Last Report: 03/24/1995

4. FEI Number: 59-1805928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANEUVILLE, BRYAN G.
525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELPHENSTINE, JO ANNE		1.2 NAME	
STREET ADDRESS	5570 RIVERSIDE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, BILL		2.2 NAME	
STREET ADDRESS	1601 W MARION AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARR, DAROL		3.2 NAME	
STREET ADDRESS	2315 AARON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	600001743556 -03/14/96--01088--025 ***61.25
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEXTON, FRANK		4.2 NAME	
STREET ADDRESS	133 PECKHAM ST SW		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	
TITLE	PCEO	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANEUVILLE, BRYAN G.		5.2 NAME	
STREET ADDRESS	525 BOWMAN TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/17/96 (941) 629-5655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #