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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 BOWMAN TERRACE PORT CHARLOTTE FL 33953-2186 US

3. Date Incorporated or Qualified: **07/05/1977**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	STr	☒ 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	CTr	☒ 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	VTr	☒ 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		
TITLE	TD	☐ DELETE	4.1 TITLE	TTr	☒ 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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] FILED Bryan G. Laneuville 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057809