FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02715 (3)

1. Corporation Name

CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
1501 COOPER ST. P.O. BOX 234 PUNTA GORDA FL 33951-7234	1501 COOPER ST. P.O. BOX 234 PUNTA GORDA FL 33951-7234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2435059 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

HESS, PAULA E.
1501 COOPER ST.
P.O. BOX 234
PUNTA GORDA FL 33951-7234

10. Name and Address of New Registered Agent

81 Name: Ellen Webb
82 Street Address (P.O. Box Number is Not Acceptable): 1522 San Marino
83
84 City: Punta Gorda FL 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ellen F Webb Bd Chair 4-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VC~~	1.1 TITLE	Chairman	☑ Change ☐ Addition
NAME	WEBB, ELLEN	1.2 NAME		
STREET ADDRESS	1522 SAN MARINO	1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP		
TITLE	~~S~~	2.1 TITLE	Director	☑ Change ☐ Addition
NAME	HESS, PAULA.	2.2 NAME		
STREET ADDRESS	2125 PALM TREE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, MARY K.	3.2 NAME		
STREET ADDRESS	245 LIDO DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JANET	4.2 NAME		
STREET ADDRESS	1445 AKEN STR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	AMONTREE, KIM	5.2 NAME		
STREET ADDRESS	1117 SAN MATEO	5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, ARLENE	6.2 NAME		
STREET ADDRESS	1200 W RETTA ESPLANADE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP		

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)(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: Ellen F Webb Chair. ELLEN F WEBB
Nancy L. Libby Ex. Dir. NANCY L. LIBBY 3/31/95 813 6395499
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0681179