

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

FILED
Jun 06, 2005
Secretary of State

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

Current Principal Place of Business:

1501 COOPER ST.
P.O. BOX 510234
PUNTA GORDA, FL 339517234

New Principal Place of Business:

Current Mailing Address:

PO BOX 510234
PUNTA GORDA, FL 339510234 US

New Mailing Address:

FEI Number: 59-2435059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUSK, LINDA
519 MATARES DRIVE
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

OFFICERS AND DIRECTORS:

Title: OC () Delete
Name: LUSK, LINDA
Address: 519 MATARES DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: OS () Delete
Name: HESS, PAULA,
Address: 2125 PALM TREE DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: OV () Delete
Name: MONK, RON
Address: 2331 TAMAMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: OT () Delete
Name: WILLIAMS, JANET
Address: 1445 AKEN STR
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D () Delete
Name: BROWN, JEFF
Address: 366 EAST OLYMPIA AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: KYANKA, MARTY
Address: 113 GREAT ISAAC COURT
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OT (X) Change () Addition
Name: MCMILLAN, BETSY
Address: P.O. BOX 510234
City-St-Zip: PUNTA GORDA, FL 33951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAY TVAROCH

ED

06/06/2005

Electronic Signature of Signing Officer or Director

Date