

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2008  
Secretary of State

DOCUMENT# N02715

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

**Current Principal Place of Business:**

1501 COOPER ST.  
PUNTA GORDA, FL 339510234 US

**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:**

LUSK, LINDA  
519 MATARES DRIVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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

Title: OT ( ) Delete  
Name: BETSY, MCMILLAN  
Address: 839 NAPOLI LANE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: OS ( ) Delete  
Name: JOANN, TOMKINS RN  
Address: 1642 RED OAK LANE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**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: OS (X) Change ( ) Addition  
Name: KRISTY, HOLMES  
Address: 2545 VANCOUVER LANE  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETSY MCMILLAN

OT

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date