

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

FILED
Mar 10, 2009
Secretary of State

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 ()

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: KRISTY, HOLMES
Address: 2545 VANCOUVER LANE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OV (X) Change () Addition
Name: CATHY, SANDERS
Address: 3830 ST. KITTS COURT
City-St-Zip: PUNTA GORDA, FL 33950

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 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

TRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date