

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2003 8:00 am  
Secretary of State

02-27-2003 90166 023 \*\*\*\*61.25

0051963

**DOCUMENT # N02715**

1. Entity Name

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



Principal Place of Business

1501 COOPER ST.  
P.O. BOX 510234  
PUNTA GORDA FL 33951-7234

Mailing Address

PO BOX 510234  
PUNTA GORDA FL 33951-0234  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2435059**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DV	LUSK, LINDA	519 MATARES DRIVE	PUNTA GORDA FL 33950	<input type="checkbox"/>
D	HESS, PAULA	2125 PALM TREE DR.	PUNTA GORDA FL 33950	<input type="checkbox"/>
D	LIBBY, WD	1410 S TAMIAMI TR	PUNTA GORDA FL 33950	<input type="checkbox"/>
DT	WILLIAMS, JANET	1445 AKEN STR	PT CHARLOTTE FL 33952	<input type="checkbox"/>
DS	CARDILLO, GAIL	960 LASSINO COURT	PUNTA GORDA FL 33950	<input type="checkbox"/>
DC	LORAH, MARY G	3865 BORDEAUX DR	PUNTA GORDA FL 33950	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Lusk* **LINDA LUSK 2/10/03 239-335-8440**

CR2E037 (10/02)