2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2019
Secretary of State
8124621837CC

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Entity Name: SPECIAL TRAINING AND REHABILITATION OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

18245 PAULSON DRIVE
SUITE 117
PORT CHARLOTTE, FL 33954

Current Mailing Address:

P. O. BOX 380638
MURDOCK, FL 33938-0638 US

FEI Number: 59-1805928

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LANEUVILLE, BRYAN G.
18245 PAULSON DRIVE
SUITE 117
PORT CHARLOTTE, FL 33954 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: BRYAN G LANEUVILLE 03/30/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CTR
Name	EXTEJT, GENE
Address	4430 HARBOR BLVD
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	STTR
Name	SCHMITH, RICHARD
Address	281 GINGER STREET
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	SECRETARY
Name	CASA, BARBARA
Address	18245 PAULSON DRIVE SUITE 117
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	PCEO
Name	LANEUVILLE, BRYAN G.
Address	18245 PAULSON DRIVE SUITE 117
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	TR
Name	LEONARD, JEFFREY
Address	26092 WATERFOWL LANE
City-State-Zip:	PORT CHARLOTTE FL 33983

I hereby 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 all other like empowered.

SIGNATURE: BRYAN G. LANEUVILLE PRESIDENT/CEO 03/30/2019

Electronic Signature of Signing Officer/Director Detail — Date