2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2025
Secretary of State
0022136017CC

DOCUMENT# N02715

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

Current Principal Place of Business:

1501 COOPER STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

PO BOX 510234
PUNTA GORDA, FL 33951-0234 US

FEI Number: 59-2435059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCELHANEY, KAREN L
2327 CONWAY BLVD
PORT CHARLOTTE, FL 33952 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: KAREN MCELHANEY 01/24/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	DUBBANEH, MEGAN
Address	24211 HARBORVIEW RD
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	DIRECTOR
Name	HARRIS, JUDITH
Address	1401 SEAGULL CT
City-State-Zip:	PUNTA GORDA FL 33950

Title	CHAIRMAN
Name	HICKS, MARIE
Address	23161 MCMULLEN AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	DIRECTOR
Name	PRUMMELL, BILL
Address	7474 UTILITIES ROAD
City-State-Zip:	PUNTA GORDA FL 33982

Title	EXECUTIVE DIRECTOR
Name	MCELHANEY, KAREN L
Address	PO BOX 510234
City-State-Zip:	PUNTA GORDA FL 33951-0234

Title	DIRECTOR
Name	KNIGHT, LAUREN
Address	601 SHREVE ST. 26C
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	LORAH, MARY GRACE
Address	3865 BORDEAUX DRIVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	IVANOVIC, TONI
Address	18247 HOTTELET CIRCLE
City-State-Zip:	PORT CHARLOTTE FL 33948

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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: KAREN MCELHANEY EXECUTIVE DIRECTOR 01/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WAKSLER, CAIT
Address	1068 HARBOUR DRAKE DRIVE
City-State-Zip:	PUNTA GORDA FL 33983

Title	DIRECTOR
Name	SWEZY, BRAD
Address	379 CENTER AVE NW
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	BLACKBURN, ADDIE
Address	4691 GRASSY POINT BLVD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	VC
Name	REBHOLZ-RUBIN, CYNTHIA
Address	350 EAST MARION AVE
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY
Name	KENNEDY, MARYLOU PROUDFOOT
Address	342 GRENEDA COURT
City-State-Zip:	PUNTA GORDA FL 33950