

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02715

**FILED**  
**Jan 20, 2022**  
**Secretary of State**  
**2054994649CC**

**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**

**01/20/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MCMILLAN, ELIZABETH A  
Address        3755 PEACE RIVER DR.  
City-State-Zip: PUNTA GORDA FL 33983

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

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

Title           VICE CHAIR  
Name           BURCH, ALYSON  
Address        6895 ESTATES DRIVE  
City-State-Zip: NORTH PORT FL 34291

Title           DIRECTOR  
Name           EVANS, KELLY  
Address        27956 ARROWHEAD CIRCLE  
City-State-Zip: PUNTA GORDA FL 33982

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

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

Title           DIRECTOR  
Name           RAINES, MISTY  
Address        6070 SPINNAKER BLVD  
City-State-Zip: ENGLEWOOD FL 34224

**Continues on page 2**

*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 L MCELHANEY**

**EXECUTIVE DIRECTOR**

**01/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ROSS, SHAWNA  
Address 18443 JEFFERSON AVE  
City-State-Zip: PORT CHARLOTTE FL 33954

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

Title DIRECTOR  
Name WALLACE, KATIE  
Address 11440 5TH AVE  
City-State-Zip: PUNTA GORDA FL 33955

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

Title DIRECTOR  
Name WAKSLER, CAIT  
Address 26351 VILLA MARIA DR  
City-State-Zip: PUNTA GORDA FL 33983