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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717665 (4)

1. Corporation Name

CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I NC.

Principal Place of Business	Mailing Address
3062 TAMIAMI TRAIL P.O.BOX 2038 PORT CHARLOTTE FL 33949-9038	3062 TAMIAMI TRAIL P.O.BOX 2038 PORT CHARLOTTE FL 33949-9038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1969
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1358912 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HILL, WM. S.
2299 ALTON ROAD
PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: James D. Moffett
82 Street Address (P.O. Box Number is Not Acceptable): 2857 Sancho Panza Ct.
83
84 City: Punta Gorda, FL 85 Zip Code: 33950

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James D. Moffett — James D. Moffett — 3-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	NORTH, JEAN K.	1.2 NAME	James D. Moffett	
STREET ADDRESS	1615 VIA DOLCE VITA	1.3 STREET ADDRESS	2857 Sancho Panza Ct.	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
TITLE	PD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HILL, WILLIAM S.	2.2 NAME	Robert J. Updegraff	
STREET ADDRESS	2299 ALTON RD.	2.3 STREET ADDRESS	2211 Abscott St.	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	VD	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	NALE, LELA R	3.2 NAME	Hal Williams	
STREET ADDRESS	361 LITTLE FALLS NE	3.3 STREET ADDRESS	1011 Harbor Blvd.	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	T	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	SANDS, JAMES D.	4.2 NAME	James D. Sands	
STREET ADDRESS	1532 NEWTON STREET	4.3 STREET ADDRESS	1532 Newton St.	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	PERRINE, EMERSON M	5.2 NAME	Martha Glorius	
STREET ADDRESS	2300 HAYWORTH RD	5.3 STREET ADDRESS	2395 Harbor Blvd. #302	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KRAEMER, LOIS	6.2 NAME	Ralph Robinson	
STREET ADDRESS	108 NORTHSORE TERR.	6.3 STREET ADDRESS	23430 McCandless Ave.	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	6.4 CITY-ST-ZIP	Port Charlotte, Fl. 33980	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Moffett — James D. Moffett — 3-7-95 — (813) 625-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061030