

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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, INC.



Principal Place of Business

3082 TAMiami TRAIL
P.O. BOX 2038
PORT CHARLOTTE FL 33949-9038

Mailing Address

3082 TAMiami TRAIL
P.O. BOX 2038
PORT CHARLOTTE FL 33949-9038

3. Date Incorporated or Qualified
12/04/1969

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1358912

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOFFETT, JAMES D
2857 SANCHO PANZA CT
PUNTA GORDA FL 33950

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD
NAME MOFFETT, JAMES D
STREET ADDRESS 2857 SANCHO PANZA CT
CITY - ST - ZIP PUNTA GORDA FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME UPDEGRAFF, ROBERT J
STREET ADDRESS 2211 ABSCOTT ST
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME WILLIAMS, HAL
STREET ADDRESS 1011 HARBOR BLVD
CITY - ST - ZIP PORT CHARLOTTE FL ☒ DELETE

3.1 TITLE S/D
3.2 NAME Lappin, Jane
3.3 STREET ADDRESS 215 Rio Villa Dr.-3092 Windmill Vlg.
3.4 CITY - ST - ZIP Punta Gorda, FL. 33950 ☐ Change ☒ Addition

TITLE Y
NAME SANDS, JAMES D.
STREET ADDRESS 1532 NEWTON STREET
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME GLORIUS, MARTHA
STREET ADDRESS 2395 HARBOR BLVD. # 302
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME ROBINSON, RALPH
STREET ADDRESS 23438 MCCANDLESS AVE
CITY - ST - ZIP PORT CHARLOTTE FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 1996 941-637-0790
Date Daytime Phone #

CR2E037 (12/95)