


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717665** (4)

1. Corporation Name

**CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I
NC.**

Principal Place of Business	Mailing Address
3082 TAMiami TRAIL P.O. BOX 2038 PORT CHARLOTTE FL 33949-9038	3082 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 02/12/1996	
4. FEI Number 59-1358912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOFFETT, JAMES D	1.2 NAME	George Daniels
STREET ADDRESS	2857 SANCHO PANZA CT	1.3 STREET ADDRESS	217 Venezia Ct.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Robert King <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPDEGRAFF, ROBERT J	2.2 NAME	1515 Forrest Nelson H-206
STREET ADDRESS	2211 ABSCOTT ST	2.3 STREET ADDRESS	Port Charlotte, FL 33952
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Treasurer/Director
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPPIN, JANE	3.2 NAME	
STREET ADDRESS	215 RIO VILLA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, JAMES D.	4.2 NAME	James Sands
STREET ADDRESS	1532 NEWTON STREET	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIUS, MARTHA	5.2 NAME	
STREET ADDRESS	2395 HARBOR BLVD. # 302	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RALPH	6.2 NAME	
STREET ADDRESS	23438 MCCANDLESS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 _____ SIGNATURE REQUIRED **James D. Moffett** 7-17-97 (941) 625-4343

CR2E037 (4/97)