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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(4)

CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I

FILED Jan 21 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address	NC.								
P.O.BOX 2038 P.O.	Principal Place	e of Business	Mailing Address	Mailing Address			- 1001116 100011 31011 386130 465100 015101 31311 3		
P.O.BOX 2398 P.O.	3082 TAMIAMI	TRAIL	3082 TAMIAMI TRAIL				3 Date Incomprated or Qualified		
## FEI Number Sp-1358912 Not Applicable ## FEI Number Sp-1358912 Not Applicable ## Sp-1358912 Not Applicable ## Sp-1358912 Sp-1358912 Not Applicable ## Sp-1358912 Not Applicable ## Sp-1358912 Not Applicable			P.O.BOX 2038	P.O.BOX 2038					
Section Sect	PORT CHARLOTTE FL 33949-9038 PORT CHARLOTTE FL 33949-903			949-9038				Ar	pplied For
2. Entingleal Place of Business 23							59-1358912		
Suite, Apt. 8, etc. Suite, Ap	2. Principal Place of Business 2a. Mailing Address							1 \$8.75	Additional
City & State City & City & State City & City & State City & State City & State City & State City	21		26				5. Certificate of status Desired		
City & State City & State City & State City & State City & State Country 2d Count		#, etc.	Suite, Apt. #, etc.						
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Zip		•	├ ¬ '						
25 26 26 27 28 29 30 Personal Property Tax due June 30. Vee No		Country		T Cou	intry		——————————————————————————————————————		angible
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	h	 ′	— `		•				
MOFFETT, JAMES D 2857 SANCHO PANZA CT PUNTA GORDA FL 33950 82 44 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 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Pforida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and		9. Name and Address of Current	t Registered Agent		Γ			ered Agent	
2857 SANCHO PANZA CT PUNTA GORDA FL 33950 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, or both in the State of Plorida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both in the State of Plorida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both in the State of Plorida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, or both in the State of Plorida Stat					81 N	iame			
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B4 City FL B5 Zip Code	2857 SA	NCHO PANZA CT							<u> </u>
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SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	11. Pursuant t	to the provisions of Sections 617,0502 egistered agent, or both, in the State	2 and 617,1508, Florida Statu of Florida, Such change was	bove-na	amed corpo	ration submits this statement for the purpoor's heard of directors. I hereby accept the	ose of changing it	s registered registered	
Signature, typed or printed name of registered apert and tile if applicables, (NOTE: Registered Agent signature required when retentating) DATE	agent. I ai	n familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Sta	tutes.	- 001p014.10	· · · · · · · · · · · · · · · · · · ·	o appointment do	J
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I 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: