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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**

3. Date incorporated or Qualified

12/04/1969

4. FEI Number

59-1358912

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME **UPDEGRAFF, ROBERT J**
STREET ADDRESS **2211 ABSCOTT ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE SD ☐ DELETE

NAME **DANIELS, GEORGE**
STREET ADDRESS **217 VENEZIA CT**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE D ☐ DELETE

NAME **SANDS, JAMES**
STREET ADDRESS **1532 NEWTON STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE D ☐ DELETE

NAME **GLORIUS, MARTHA**
STREET ADDRESS **2395 HARBOR BLVD. # 302**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE D ☐ DELETE

NAME **ROBINSON, RALPH**
STREET ADDRESS **23438 MCCANDLESS AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**23053 Westchester Bl. R212
PortCharlotte, FL. 33980**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

JAMES D. MOFFETT

RECEIVED

JAN. 6, 1998

944-637-0790

CR2E037 (10/97)