

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 024 ****61.25

DOCUMENT # 717665

1. Entity Name

CHARLOTTE COUNTY HEALTH PLUS COMMUNITY
ACTION, INC.



Principal Place of Business

3082 TAMiami TRAIL
P.O. BOX 494037
PORT CHARLOTTE FL 33949-4037

Mailing Address

P.O. BOX 494037
PORT CHARLOTTE FL 33949-4037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1358912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIULZI, ANTHONY
534 VIA CINTA
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TRIULZI, ANTHONY	
STREET ADDRESS	534 VIA CINTA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, ROBERT	
STREET ADDRESS	1515 FORREST NELSON DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, NORMA	
STREET ADDRESS	255 KENSINGTON STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMOYLE, MARSHA	
STREET ADDRESS	1533 RED OAK LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GLORIUS, MARTHA	
STREET ADDRESS	2395 HARBOR BLVD. # 302	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, RALPH	
STREET ADDRESS	23438 MCCANDLESS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM EICHENBERGER	
STREET ADDRESS	2852 CORAL COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONY, RICHARD	
STREET ADDRESS	1424 SEA GULL COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUCKS, MARY	
STREET ADDRESS	2395 HARBOR BLVD., # A-302	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, MARY	
STREET ADDRESS	1531 RED OAK DR.	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, ROYCE	
STREET ADDRESS	21260 BRINSON AVE, # 110	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, MARY	
STREET ADDRESS	4165 CONWAY BLVD	
CITY-ST-ZIP	Port Charlotte, FL 33952	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary C. Howard MARY C. HOWARD 4/28/06 941-625-4343