

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717665

FILED
Sep 05, 2007
Secretary of State

Entity Name: CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, INC.

Current Principal Place of Business:

3082 TAMIAMI TRAIL
P.O.BOX 494037
PORT CHARLOTTE, FL 339494037

New Principal Place of Business:

3082 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P.O. BOX 494037
PORT CHARLOTTE, FL 339494037

New Mailing Address:

FEI Number: 59-1358912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRIULZI, ANTHONY
534 VIA CINTA
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRIULZI, ANTHONY
Address: 534 VIA CINTA
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: KING, ROBERT
Address: 1515 FORREST NELSON DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: LYNCH, NORMA
Address: 255 KENSINGTON STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D () Delete
Name: NORMOYLE, MARSHA
Address: 1533 RED OAK LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVP () Delete
Name: GLORIUS, MARTHA
Address: 2395 HARBOR BLVD. # 302
City-St-Zip: PORT CHARLOTTE, FL

Title: D () Delete
Name: ROBINSON, RALPH
Address: 23438 MCCANDLESS AVE
City-St-Zip: PORT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C. HOWARD

D

09/05/2007

Electronic Signature of Signing Officer or Director

Date