2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 717665

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

Current Principal Place of Business:

3082 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494037
PORT CHARLOTTE, FL 339494037

New Mailing Address:

P.O. BOX 494037
PORT CHARLOTTE, FL 339494037 US

FEI Number: 59-1358912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ERETH, HENRY
551 ROYAL POINCIANA
PUNTA GORDA, FL 33955 US

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: HENRY ERETH 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: TREA ( ) 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: ARNOLDT, ROSEMARIE
Address: 1822 ROCKLAND RD.
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ERETH, HENRY
Address: 551 ROYAL POINCIANA
City-St-Zip: PUNTA GORDA, FL 33955

Title: TREA (X) Change ( ) Addition
Name: MOCNY, RICHARD
Address: 2002 BAL HARBOR BLVD. #821
City-St-Zip: PUNTA GORDA, FL 33950

Title: SECY (X) Change ( ) Addition
Name: LYNCH, NORMA
Address: 255 KENSINGTON STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

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: HENRY ERETH PRES 03/20/2009
Electronic Signature of Signing Officer or Director Date