2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
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 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ERETH, HENRY
551 ROYAL POINCIANA
PUNTA GORDA, FL 33955 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: PRES
Name: ERETH, HENRY
Address: 551 ROYAL POINCIANA
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: SECY
Name: LYNCH, NORMA
Address: 255 KENSINGTON STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

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

Title: DVP
Name: GLORIUS, MARTHA
Address: 2395 HARBOR BLVD. # 302
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: ARNOLDT, ROSEMARIE
Address: 1822 ROCKLAND RD.
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby 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 all other like empowered.

SIGNATURE: HENRY ERETH PRES 01/13/2010

Electronic Signature of Signing Officer or Director — Date