

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91206 027 ****61.25

DOCUMENT # 717665

1. Entity Name

**CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I
NC.**



Principal Place of Business

**3082 TAMiami TRAIL
P.O. BOX 494039
PORT CHARLOTTE FL 33949-4037**

Mailing Address

**3082 TAMiami TRAIL
P.O. BOX 494039
PORT CHARLOTTE FL 33949-4037**

2. Principal Place of Business

3. Mailing Address

P.O. Box 494037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P TRIULZI, ANTHONY**
STREET ADDRESS **534 VIA CINTA**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition
NAME **D Loucks, Mary**
STREET ADDRESS **2395 Harbor Ave. #A-202**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME **T KING, ROBERT**
STREET ADDRESS **1515 FORREST NELSON DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☒ Addition
NAME **D Hull, Robert**
STREET ADDRESS **291 Lambert St.**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☒ Delete
NAME **D LOEWE, MILADA**
STREET ADDRESS **18362 HOTTELET CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Change ☒ Addition
NAME **D Lynch, Norma**
STREET ADDRESS **255 Kensington St.**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE ☐ Delete
NAME **D ALTMAN, LAWRENCE**
STREET ADDRESS **11354 ESSEX DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☒ Addition
NAME **D Mocny, Richard**
STREET ADDRESS **1424 Sea Gull Court**
CITY-ST-ZIP **Punta Gorda, FL 33950**

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

TITLE ☐ Change ☐ Addition
NAME **D Arnoldt, Rosemarie**
STREET ADDRESS **139 Colonial St.**
CITY-ST-ZIP **Port Charlotte, FL 33952**

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

TITLE ☐ Change ☒ Addition
NAME **D Normoyle, Marsha**
STREET ADDRESS **1533 Red Oak Lane**
CITY-ST-ZIP **Port Charlotte, FL 33948**

12. 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 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:

Signature Required **Robert P. King** **4/17/03**

CR2E037 (10/02)