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

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90426 050 ****61.25

DOCUMENT # N00000001113

1. Entity Name
Children's Advocacy & Resource Council of Charlotte County

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19500 Toledo Blade Blvd.	ATTN: Sandra J. Fury
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Port Charlotte, Florida	9877 Gulfstream Blvd
City & State	City & State
	Englewood Florida
Zip: 33948 Country:	Zip: 34224 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sandra J. Fury

Street Address (P.O. Box Number is Not Acceptable): 9877 Gulfstream Blvd

City: Englewood FL Zip Code: 34224

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.

SIGNATURE: Sandra J. Fury Sandra J. Fury 4-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	CD
NAME	Bibi R. Ullah	Bibi R. Ullah
STREET ADDRESS	22425 Edgewater Dr.	22425 Edgewater Dr.
CITY-ST-ZIP	Port Charlotte, FL 33980	Port Charlotte, FL 33980
TITLE	VD	JD
NAME	Rae Konjoian	Rae Konjoian
STREET ADDRESS	18300 Toledo Blade Blvd	18300 Toledo Blade Blvd
CITY-ST-ZIP	Port Charlotte, FL 33948	Port Charlotte, FL 33948
TITLE	SD	SD
NAME	Karen Shepard	
STREET ADDRESS	7291 Capicorn Blvd	DO NOT WRITE
CITY-ST-ZIP	Punta Gorda, FL 33980	
TITLE	TD	IN THIS SPACE
NAME	Sandra J. Fury	
STREET ADDRESS	9877 Gulfstream Blvd	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra J. Fury Sandra J. Fury 4-9-02 941-475-5513