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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02715 (3)

1. Corporation Name
CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOTTE COUNTY, INC.



Principal Place of Business Mailing Address
1501 COOPER ST. 1501 COOPER ST.
P.O. BOX 234 P.O. BOX 234
PUNTA GORDA FL 33951-7234 PUNTA GORDA FL 33951-0234

3. Date Incorporated or Qualified 04/24/1984 3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 510234
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-2435059 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEBB, ELLEN
1522 SAN MARINO
P.O. BOX 234
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Elle Webb* Board Chairman DATE 4-15-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	C	<input type="checkbox"/>
NAME	WEBB, ELLEN	
STREET ADDRESS	1522 SAN MARINO	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/>
NAME	HESS, PAULA.	
STREET ADDRESS	2125 PALM TREE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/>
NAME	LYNCH, MARY K.	
STREET ADDRESS	245 LIDO DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/>
NAME	WILLIAMS, JANET	
STREET ADDRESS	1445 AKEN STR	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/>
NAME	AMONTREE, KIM	
STREET ADDRESS	1117 SAN MATEO	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/>
NAME	POWELL, ARLENE	
STREET ADDRESS	1200 W RETTA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)