## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

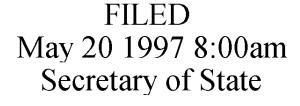
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOT

Principal Place of Business

Mailing Address





1501 COOPER ST. P.O. BOX 234 PUNTA GORDA FL 33951-7234			1501 COOPER ST. P.O. BOX 234 PUNTA GORDA FL 33951-0234				3.	Date Incorporated or C 04/24/1984	Qualified		te of Las 04/05/	st Report	
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number			1,00,	Applied For		
21		26 P.O. Box 510234					59-2435059				Not Applica	ble	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status De	sired			5 Additional Required			
City & State	е	City & State				I .	Election Campaign Fin Trust Fund Contribution	_			00 May Be led to Fees		
Zip 24	25	Zip 29	Gountry 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name and	Address of Current	13.51		10. Name and Address of New Registered Agent							寸	
					81	Name							
WEBB, ELLEN 1522 SAN MARINO					82	Street A	Street Address (P.O. Box Number is Not Acceptable)						
P.O. BO	X 234									•	······································		
PUNTA (	GORDA FL 339	50			84	City				FL	85 2	ip Code	
11. Pursuant t	to the provisions of	of Sections 617.0502	end 617.1508, Florida Ste 1 Florida. Such change wa ons of, Section 617.0503,	tutes, the a	bove	e-named c	corporation	submits this statemen	for the p		changin	g its register	ed
agent. I a	m fa ar with, ar	nd accomp the obligat		Florida Sta	ilutes	s.	oranoirs b	Data of directors, There	oby accel			. as registered	1
SIGNATURE	College broad or orio	ked name of registered agent	Boa .	NOTE: Register	11/1	emp/	societad whee	aning taking)		4-/5- DATE	97		
12.	a	OFFICERS AND		13.		SIN BIG ISLOTE IS		DDITIONS/CHANGES	TO OFFIC		DIRECT	IORS IN 12	≀
TITLE	C		DELETE	1.1 T	TILE						Chan		ion 8
NAME	Webb, Elle			1.2 N	IAME								j
STREET ADDRESS	1522 SAN M			1.3 S	TREET	ADDRESS							
CITY-ST-ZIP	PUNTA GOR	DA FL	DELETE		HY-S	31 - ZIP			· · · · · · · · · · · · · · · · · · ·		- 1 A.		<u> </u>
TITLE NAME	D Hess, Paula				21 TITLE						Chang	ge 🔲 Addit	ion
STREET ADDRESS	2125 PALM TREE DR.		<b>.</b>		2.9 STREET ADDRESS								
City-St-Zip	PUNTA GOR		· ·		2.4 CITY-ST-ZIP								
TITLE	\$D				3.1 TITLE						Chan	ge 🔲 Addit	ion
NAME	LYNCH, MAR	RY K.	3.2 N		3.2 NAME								
STREET ADDRESS	245 UDO DE			3.3 9	TREET	ADDRESS							
CITY-ST-ZIP	PUNTA GOR	DA FL	Delete			ST-ZIP					<b></b> _	T-1 :-:	
TITLE NAME	l d Williams, J	AMET	☐ DELETE	4.1 T						ļ	Chang	ge 🔲 Addit	ion
STREET ADDRESS	1445 AKEN				NAME TOCCT	ADORESS							ŀ
CITY-ST-ZIP	PT CHARLO			, .	HTY-S								
TALE	TD		☐ DELĒTE	5.1 T		-					Chang	ge 🔲 Addit	ion
NAME	AMONTREE,			5. <b>2</b> N	IAME								
STREET ADDRESS	1117 SAN M			5.3 S	TREET	ADDRESS							
CITY-ST-ZIP	PUNTA GOR	DA FL	□ SELECT		11Y-S	1-21P					<del></del>		
TITLE	D DOWELL AD	ol Calc	☐ DEL€TE	6.1 T						l	Chang	ge Addil	ion
NAME STREET ADDRESS	POWELL, AP	ILENE TA ESPLANADE			IAME	ADDRESS							
CITY-ST-ZIP	PUNTA GOR			6.4 CIT									
14 I do horat		information available	the state of the s	5.40	11Y-S	1-212		E 440 03/0V9 E1-3-1	<del></del>				

Information Indicated on this annual report or supplied with this ming does not quality 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.