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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02715

1. Corporation Name

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

3 8 5 8 7 7
385877 - 90080 - 2

Principal Place of Business

1501 COOPER ST.
P.O. BOX 510234
PUNTA GORDA FL 33951-7234

Mailing Address

PO BOX 510234
PUNTA GORDA FL 33951-0234
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/24/1984

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

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 P.O. Box 510234

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 Ellen F. Webb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

TITLE C DELETE

NAME WEBB, ELLEN
STREET ADDRESS 1522 SAN MARINO
CITY-ST-ZIP PUNTA GORDA FL

TITLE D DELETE

NAME HESS, PAULA.
STREET ADDRESS 2125 PALM TREE DR.
CITY-ST-ZIP PUNTA GORDA FL

TITLE SD DELETE

NAME LYNCH, MARY-K.
STREET ADDRESS 245 LIDO DR.
CITY-ST-ZIP PUNTA GORDA FL

TITLE D DELETE

NAME WILLIAMS, JANET
STREET ADDRESS 1445 AKEN STR
CITY-ST-ZIP PT CHARLOTTE FL

TITLE DVCH DELETE

NAME AMONTREE, KIM
STREET ADDRESS 1117 SAN MATEO
CITY-ST-ZIP PUNTA GORDA FL

TITLE D DELETE

NAME POWELL, ARLENE
STREET ADDRESS 1200 W RETTA ESPLANADE
CITY-ST-ZIP PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SD Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mary Grace Lorah
3865 Bordeaux Dr.
Punta Gorda, FL, 33950

14. 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 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, with all other like empowered.

SIGNATURE: Ellen F. Webb

3-29-99

CR2E037 (11/98)