

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90123 014 ****70.00

DOCUMENT # N02715

1. Entity Name

CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOT

Principal Place of Business

Mailing Address

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

PO BOX 510234
 PUNTA GORDA FL 33951-0234
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2435059

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, ELLEN
1522 SAN MARINO
P O BOX 510234
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	WEBB, ELLEN	1522 SAN MARINO	PUNTA GORDA FL	<input type="checkbox"/>
D	HESS, PAULA	2125 PALM TREE DR.	PUNTA GORDA FL	<input type="checkbox"/>
SD	WENZEL, JANET	139 SEVILE PL	PT CHARLOTTE FL 33952	<input checked="" type="checkbox"/>
D	WILLIAMS, JANET	1445 AKEN STR	PT CHARLOTTE FL	<input type="checkbox"/>
DVCH	AMONTREE, KIM	1117 SAN MATEO	PUNTA GORDA FL	<input type="checkbox"/>
D	LORAH, MARY G	3865 BORDEAUX DR	PUNTA GORDA FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VCH	W.D. Libby	1410 S. Tamiami Trail	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD	Janet Williams	1445 Aken Street	Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	Patricia Comber	214 Wood Street #113	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Judi Aber	424 San Felix Street	Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Kim Amontree	1117 San Mateo	Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janet Williams* Executive Director 1/21/00 941-639-5499
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #