

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02715

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

1501 COOPER ST.  
PUNTA GORDA, FL 339510234 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 510234  
PUNTA GORDA, FL 339510234 US

**New Mailing Address:**

**FEI Number:** 59-2435059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUSK, LINDA  
519 MATARES DRIVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** OC  
**Name:** LUSK, LINDA  
**Address:** 519 MATARES DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

**Title:** OC  
**Name:** CATHY, SANDERS  
**Address:** 3830 ST. KITTS COURT  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

**Title:** OT  
**Name:** BETSY, MCMILLAN  
**Address:** 839 NAPOLI LANE  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

**Title:** OV  
**Name:** KRISTY, HOLMES  
**Address:** 2545 VANCOUVER LANE  
**City-St-Zip:** NORTH PORT, FL 34287 US

**Title:** OS  
**Name:** LORAH, MARY GRACE  
**Address:** 3865 BORDEAUX DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33950 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BETSY MCMILLAN

OT

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date