

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003352

FILED
Apr 23, 2009
Secretary of State

Entity Name: CHARLOTTE ALLIANCE FOR A SAFE AND DRUG FREE COMMUNITY, INC.

Current Principal Place of Business:

1445 EDUCATION WAY RM250
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1445 EDUCATION WAY RM250
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 02-0683619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, WILLIAM
7474 UTILITIES ROAD
PUNTA GORDA, FL 33981 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: C () Delete
Name: CAMERON, WILLIAM
Address: 7474 UTILITIES ROAD
City-St-Zip: PUNTA GORDA, FL 33981

Title: VC () Delete
Name: WIDMEYER, DONNA
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: CUMMINGS, STEVEN
Address: 1445 EDUCATION WAY RM250
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: JAMES, BILL
Address: 1700 EDUCATION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISSY BYNUM

ASST

04/23/2009

Electronic Signature of Signing Officer or Director

Date