SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE DATE: $148.75 IF NOT PAID, ADDITIONAL AMOUNT DUE TO REINSTATE: $500

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25206** **(6)**

1. Corporation Name

EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF CHARLOTTE COUNTY, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1700 EDUCATION AVE P.O. BOX 1282 PUNTA GORDA FL 33950 US	1700 EDUCATION AVE P.O. BOX 1282 PUNTA GORDA FL 33950 US

3. Date Incorporated or Qualified: **03/04/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0047150** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BADER & SUTLIFF
222232 WESTCHESTER BLVD
PORT CHARLOTTE FL 33949

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HENRY, NORMA L.	1.2 NAME	
STREET ADDRESS	311 W RETTA ESPLANADE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	COSENZA, JACK	2.2 NAME	
STREET ADDRESS	1500 ROMMEL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MAISANO, CHRISTINE	3.2 NAME	
STREET ADDRESS	1515 FORREST NELSON BLVD / C-201	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DAVENPORT, JOHN	4.2 NAME	D Marthelyn Denman
STREET ADDRESS	20582 TAPPAN SEE DR	4.3 STREET ADDRESS	1211 Via Tripoli
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, CARL	5.2 NAME	D Carol O. Fonner
STREET ADDRESS	2151 ALTON RD.	5.3 STREET ADDRESS	6307 Golf Course Blvd.
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Punta Gorda, Fl. 33982-1810
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	REILLY, MICKEY	6.2 NAME	
STREET ADDRESS	315 MIDDLETOWN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: NORMA L. HENRY Norma L. Henry 070795 9416390345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015102