

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25206 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1700 EDUCATION AVE
P.O. BOX 1282
PUNTA GORDA FL 33950
US1700 EDUCATION AVE
P.O. BOX 1282
PUNTA GORDA FL 33950-6222
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1988

3a. Date of Last Report

02/26/1996

4. FEI Number

65-0047150

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

BADER & SUTLIFF
222232 WESTCHESTER BLVD
PORT CHARLOTTE FL 33949

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENRY, NORMA L.	
STREET ADDRESS	311 W RETTA ESPLANADE	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COSENZA, JACK	
STREET ADDRESS	1500 ROMMEL ST	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAISANO, CHRISTINE	
STREET ADDRESS	1515 FORREST NELSON BLVD / C-201	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENMAN, MARTHELYN	
STREET ADDRESS	1211 VIA TROPOLI	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FENNER, CAROL O	
STREET ADDRESS	6307 GOLF COURSE BLVD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REILLY, MICKEY	
STREET ADDRESS	315 MIDDLETOWN ST	
CITY - ST - ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Katherine Ann Ludemm
2.3 STREET ADDRESS	18566 Arapahoe Circle
2.4 CITY - ST - ZIP	Port Charlotte, FL 33948
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Brown
3.3 STREET ADDRESS	10303 Burnt Store Road #73
3.4 CITY - ST - ZIP	Punta Gorda, FL 33950
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert H. Henry
5.3 STREET ADDRESS	311 W. Retta Esplanade
5.4 CITY - ST - ZIP	Punta Gorda, FL 33950
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

NORMA L. HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone # 0057590

CF2E037 (9/96)