NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N25206 DOCUMENT

1. Corporation Name

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

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

Mailing Address 1700 EDUCATION AVE P.O. BOX 1282 PUNTA GORDA FL 33950

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90011 003 ****61.25

610751 - 90011 - 3

00		US							
400	I Place of Business A CANAL TIEDDACE 2a. Mailing Address				3. Date Incorporated or Qualifed				
[21]	64 CANAL TERRACE 26				03/04/1988				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		<u> </u>	plied For	
22		P.O. BOX 12	82		65-0047150			t Applicable	
	City & State City & State				5. Certificate of Status Desired	\$8.75 Additional			
F				•			Fee Re	quirea	
l Zip ├─┐ Zip ३३٩,	13010				6. Election Campaign Financing \$5.00 May 8		- '		
24					Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									
]				OT Name					
LEDERER, JOEL O.				82 Street Address (P.O. Box Number is Not Acceptable)					
2733-B TAMIAMI TRAIL									
PORT CHARLOTTE FL 33925			83						
			84	City			85 Zip C	ode	
	A CONTRACT STATE OF THE			•		<u> </u>			
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 \$ 9000 111									
- CIONATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	signature	required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF				
TITLE	PD	☐ DELETE	1.1 TITLE		PD		Change	☐ Addition	
NAME	HENRY, NORMA L.		1.2 NAME		NORMA L. HENRY			1	
STREET ADDRESS	311 W RETTA ESPLANADE		1.3 STREET	ADDRESS	2200 EL CERITO CT.	•		}	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-\$1	-ZIP	PUNTA GORDA, FL.	33950		-V.V	
TITLE	D	XX DELETE	2.1 TITLE		D.		☐ Change	Addition	
NAME	Ludemm, Katherine a		2.2 NAME		RAY BOOMHOWER)	
STREET ADDRESS	18566 ARAPAROE CIRCLE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-S	T-ZIP	PUNTA GORDA, FL.	33050			
TITLE	D	☐ DELETE	3.1 TITLE		STORTH SORBA, TH.	55550	Change	☐ Addition	
NAME	Brown, John		3.2 NAME					!	
STREET ADDRESS	10303 BURNT STORE ROAD S	TE 73	3.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-5	Γ- ZIP					
TITLE	D	☐ DELETE	4.1 TITLE		{		Change	☐ Addition	
NAME	DENMAN, MARTHELYN		4. 2 NAME						
STREET ADDRESS	1211 VIA TROPOLI		4.3 STREET	ADDRESS	·				
CITY-ST-ZIP	Punta Gorda Fl		4.4 CITY-ST	-ZIP	_		_		
TITLE	D	☐ DELETE	5.1 TITLE		D COURT OF THE PERSON OF THE P		XXChange	☐ Addition	
NAME	HENRY, ROBERT H.		5.2 NAME		HENRY, ROBERT H.		,-		
STREET ADDRESS	311 W. RETTA ESPLANADA		5.3 STREET	aodress	2200 ELCERITO CT.				
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST	ZIP	PUNTA GORDA, FL. 3	33950			
TITLE	D	☐ DELETE	6.1 T/TLE		D		∑ Q hange	Addition	
NAME	REILLY, MICKEY		6.2 NAME		REILLY, MICKEY			{	
STREET ADDRESS	315 MIDDLETOWN ST		6.3 STREET	ADDRESS	3334 MIDDLETOWN ST	r		1	
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST		PORT CHARLOTTE, FI	_	52	ĺ	
UIIT-31-ZIP	, will district like it				1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	<u> </u>	<u> </u>		

14. 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 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, with all other like empowered.

SIGNATURE: