## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Mar 28, 2002 8:00 am Secretary of State DOCUMENT # **N25206** 1. Entity Name 03-28-2002 90781 032 \*\*\*\*61.25 EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF CHARLOTTE COUNTY, FLORIDA, INC. Principal Place of Business Mailing Address 3440 DEPEW CIR 8440 DEPEW CIR PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0047150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEDERER, JOEL O. 2733-B TAMIAMI TRAIL PORT CHARLOTTE FL 33925 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. X Addition D. See See See Change PD TITI F TITLE ☐ Delete NAME HENRY, NORMA L. NAME Steven Mock STREET ADDRESS STREET ADDRESS 2200 EL CERITO CT 211611 Knollwood Ave. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Port Charlotte, Fl Ď ==---Change ★ Addition TITLE D ☐ Delete TITLE NAME **BOOMHOWER, RAY** NAME Melody Cummings

STREET ADDRESS 3121 Vasco St. STREET ADDRESS 5229 DUCAN RD CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Punta Gorda, Fl Addition TITLE ☐ Delete TITLE Dan Grand Change NAME PARKER, ROBERT NAME Carol Fenner : = STREET ADDRESS STREET ADDRESS 320 SHREVE ST 6034 Golfcourse Blvd. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Punta Gorda, Fl. 33982 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME CUMMINGS, JEAN STREET ADDRESS STREET ADDRESS 522 TABOR ST CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Delete TITLE ☐ Change Addition TITLE NAME NAME HENRY, ROBERT H. STREET ADDRESS STREET ADDRESS 2200 ELCERITO CT CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME REILLY, MICKEY STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Normal GNATURE, REQUIRE

STREET ADDRESS

CITY-ST-7IP

3334 MIDDLETON ST

PORT CHARLOTTE FL 33952