

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90276 003 \*\*\*\*61.25

**DOCUMENT # N25206**

1. Entity Name

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



Principal Place of Business

3440 DEPEW CIR  
PORT CHARLOTTE FL 33952  
US

Mailing Address

3440 DEPEW CIR  
PORT CHARLOTTE FL 33952  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0047150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDERER, JOEL O.  
2733-B TAMiami TRAIL  
PORT CHARLOTTE FL 33925

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HENRY, NORMA L.  
STREET ADDRESS 2200 EL CERITO CT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE President ☒ Change ☐ Addition  
NAME Henry, Norma L.  
STREET ADDRESS 305 Seaside View Rd  
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE D ☐ Delete  
NAME FENNER, CAROL  
STREET ADDRESS 6034 GOLF COURSE BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33982-1801

TITLE Member ☐ Change ☒ Addition  
NAME Mack, Steven  
STREET ADDRESS 211611 Knollwood Ave.  
CITY-ST-ZIP Pt. Charlotte, FL 33951

TITLE D ☐ Delete  
NAME PARKER, ROBERT  
STREET ADDRESS 320 SHREVE ST  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE member ☐ Change ☒ Addition  
NAME Cummings, Melody  
STREET ADDRESS 3121 Vasco St  
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE D ☐ Delete  
NAME CUMMINGS, JEAN  
STREET ADDRESS 522 TABOR ST  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE Treasurer ☒ Change ☐ Addition  
NAME Cummings, Jean  
STREET ADDRESS 5405 Sabal Palm Lane  
CITY-ST-ZIP Punta Gorda, FL 33982

TITLE D ☐ Delete  
NAME HENRY, ROBERT H.  
STREET ADDRESS 2200 ELCERITO CT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE Secretary ☒ Change ☐ Addition  
NAME Henry, Robert H.  
STREET ADDRESS 305 Seaside View  
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE D ☐ Delete  
NAME GARNER, DARYL  
STREET ADDRESS 1064 CANAL TERRACE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

*Norma L. Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-07-04 941-255-0677*