


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25206</b>	
1. Entity Name <b>EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF CHARLOTTE COUNTY, FLORIDA, INC.</b>	

Principal Place of Business <b>3440 DEPEW CIR PORT CHARLOTTE, FL 33952 US</b>	Mailing Address <b>3440 DEPEW CIR PORT CHARLOTTE, FL 33952 US</b>
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01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0047150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LEDERER, JOEL O. ESQU 2733-B TAMiami TRAIL PORT CHARLOTTE, FL 33925</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, NORMA 305 SCENIC VIEW DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNER, CAROL 6034 GOLF COURSE BLVD PUNTA GORDA, FL 339821801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ROBERT 320 SHREVE ST PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, JEAN 5405 SABAL PALM LANE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, ROBERT H. 3055 COMIC VIEW PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, DARYL 1064 CANAL TERRACE PORT CHARLOTTE, FL 33946

000000439829  
03/02/06-80015-023 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 B17, 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 NORMA L. HENRY, PRES. 2-13-06 0677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941-255-0677